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**SECTION 1: INFORMATION ON INSTITUTION**


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Name of Institution:

Institutional Code:  Ghana Post GPS:

Location (town, city, region):

Postal Address:

Website:

E-Mail Address  Tel. Number:

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**Details of Head of Institution**


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Title Of the Head:

Name of The Head:

Contact Number:

E-Mail Address:

Contact Person  
(If different from Above)

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**PROGRAMMES BEING APPLIED FOR**


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| SN | PROGRAMME NAME | Duration | Status<br>(Existing or New) |
|----|----------------|----------|-----------------------------|
|    |                |          |                             |



| S/N | NAME OF PROGRAMME APPLIED | CURRICULUM AVAILABLE |    |
|-----|---------------------------|----------------------|----|
|     |                           | YES                  | NO |
|     |                           |                      |    |
|     |                           |                      |    |
|     |                           |                      |    |
|     |                           |                      |    |
|     |                           |                      |    |
|     |                           |                      |    |

**NB. Please indicate the programmes with ready curriculum above.**

**SECTION 2: LEGAL DOCUMENT**

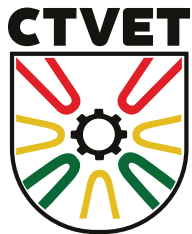
|  |             |
|--|-------------|
| 1. Fire Service Certificate<br>• <i>Copy of the original certificate</i>   | Attach copy |
| 2. Tax Clearance Certificate from GRA<br>• <i>Applicable to Private institutions only (Should be submitted in PDF)</i> | Attach copy |
| 3. Scanned copy of ECOWAS Identity Card (Ghana card) of Head of institution  | Attach copy |
| 4. Copies of curriculum  | Attach copy |
| 5. Institution's examination policy  | Attach copy |

**Please submit hard copies of the above documents**

**SECTION 3: DETAILS OF TEACHING STAFF**

| SN | NAME OF LECTURER | QUALIFICATION |           |               |              | DESIGNATION | YEAR OF APPOINTMENT | NATURE OF APPOINTMENT (Full/Part Time) |
|----|------------------|---------------|-----------|---------------|--------------|-------------|---------------------|--|
|    |                  | DEGREE        | PROG AREA | AWARDING INST | YEAR OF COMP |             |                     |  |
|    |                  |               |           |               |              |             |                     |  |
|    |                  |               |           |               |              |             |                     |  |

**Please attach details of teaching staff to documents.**



**DETAILS MANAGEMENT STAFF**

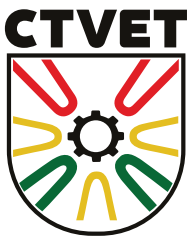
| S/N | NAME | DEGREE | PROGRAMME AREA | AWARDING INSTITUTION | YEAR OF COMPLETION | DESIGNATION | YEAR OF APPOINTMENT | NATURE OF APPOINTMENT (Full/Part time) |
|-----|------|--------|----------------|----------------------|--------------------|-------------|---------------------|--|
|     |      |        |                |                      |                    |             |                     |  |
|     |      |        |                |                      |                    |             |                     |  |
|     |      |        |                |                      |                    |             |                     |  |
|     |      |        |                |                      |                    |             |                     |  |

**SECTION 4: INFRASTRUCTURE**

| Type              | Number |
|-------------------|--------|
| 1. Lecture Rooms  |        |
| 2. Library        |        |
| 3. ICT laboratory |        |
| 4. Lavatory       |        |
| 5. Etc.           |        |

**LABORATORIES AND WORKSHOPS**

| Types Of Laboratories/Workshops | FIXED ITEMS/TOOLS |            | CONSUMABLES |            |
|---------------------------------|-------------------|------------|-------------|------------|
|                                 | Names             | Quantities | Names       | Quantities |
|                                 |                   |            |             |            |
|                                 |                   |            |             |            |
|                                 |                   |            |             |            |
|                                 |                   |            |             |            |



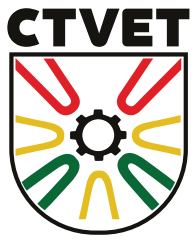
## **SECTION 5: EXAMINATION**

| 1. EXAMINATION UNIT |                       |     |    |          |
|---------------------|-----------------------|-----|----|----------|
| 1. ITEMS            |                       | YES | NO | QUANTITY |
|                     | Computers             |     |    |          |
|                     | Printers              |     |    |          |
|                     | UPS                   |     |    |          |
|                     | Backup System         |     |    |          |
|                     | Cabinets              |     |    |          |
|                     | Reprographic Machines |     |    |          |
|                     | Safes                 |     |    |          |
|                     | Working desk          |     |    |          |
|                     | Others (list them)    |     |    |          |

| 2. EXAMINATION OFFICER       |        |  |
|------------------------------|--------|--|
| Name                         |        |  |
| Highest Qualification        |        |  |
| Years of Relevant Experience |        |  |
| Contact Number               | E-Mail |  |
| Tel. number(s)               |        |  |

| I. ATTACHMENTS                            | ATTACH |
|---|--------|
| Certificate of Authorization              |        |
| Certificate of Accreditation/ Affiliation |        |
| List of Teaching Staff                    |        |
| List of Non-Teaching Staff                |        |
| List of Workshop Equipment                |        |
| Fire Certificate                          |        |
| MoUs with Relevant Industry               |        |
| Examination policy                        |        |
| Any Other Document (Name of Organization) |        |
|   |        |

**NB. Please indicate with a tick when the requested documents are uploaded.**



**COMMISSION FOR TECHNICAL  
AND VOCATIONAL EDUCATION  
AND TRAINING**

**PROGRAMMES APPLICATION FORM  
PRE-TERTIARY  
(CERTIFICATE II)**

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**SECTION 6: ACCOUNT DETAILS**

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**NB: Payments made are not refundable**

**PAY ONE THOUSAND GHANA CEDIS (GHS 1000.00) PER PROGRAMME TO**

**Account No: 1011130003543**

**Account Name: CTVET Examination Fees**

**Bank: Ghana Commercial Bank, GCB BANK LTD**

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**SECTION 7: DECLARATION**

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I..... (Principal/President/Director)  
declare that the information provided in this application and the attachments therein,  
are true to the best of my knowledge. Further, I acknowledge that the submission of  
false information shall render this application void.

**Sign: .....**

**Date: .....**

**FOR OFFICIAL USE ONLY.**

**DATE RECEIVED:**

**DATE SCHEDULED FOR READINESS ASSESSMENT:**

**STATUS**

**COMMENTS**