

CTVET



MINISTRY OF EDUCATION

**COMMISSION FOR TECHNICAL AND
VOCATIONAL EDUCATION AND
TRAINING (CTVET)**

**Licensure and Accreditation Pack for
Facilitators, Assessors and Internal Verifiers**

(For Pre-tertiary only)

Commission for Technical and Vocational Education and Training (CTVET)

QAC Reference No.....

(Reference No.to be filled by CTVET upon submission of Forms by Applicant)



Affix photo of Applicant

(It should be certified by the Head of Institution)

1. Name of Applicant:

2. Gender of Applicant (please tick ✓)

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

3. Nationality of Applicant (please tick ✓)

Ghanaian	<input type="checkbox"/>
Non-Ghanaian	<input type="checkbox"/>

Note: For Non-Ghanaians (please specify country).....

4. Type of Applicant (please tick ✓)

Existing CBT Facilitator	<input type="checkbox"/>
New CBT Facilitator	<input type="checkbox"/>

5. Indicate institution where CBT training was acquired.....

Note: Attach CBT certificate from accredited institution (For new CBT Facilitators only)

6. State CBT Facilitator's registration number.....

Note: Attach CBT certificate from CTVET (For Existing Facilitators only)

7. Proposed Trade Area:

Note: Attach relevant trade area(s) qualification

8. Proposed level on NTVETQF.....

General Instructions:

- All Columns must be filled and copies of relevant documents attached before submission
- Payment of Gh¢ 600.00 (for New Facilitators) and Gh¢ 400.00 [for Existing (Registered) Facilitators] should be made to Director General, CTVET in Banker's Draft (nonrefundable)
- Forms should be sent by EMS or hand delivered at CTVET Secretariat with soft copies to: Email address: reg.acc@ctvet.gov.gh

Commission for Technical and Vocational Education and Training (CTVET)

9. Postal Address

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10. Residential Address

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Tel: Fax:

Cell phone: Email:

11. Date of Birth (Attached copy of ECOWAS card)

DD

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 MM

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 YY

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12. Profile of Applicant (attach detailed CV)

No.	Name of Schools attended with dates	Programmes or Courses	Qualifications obtained	Employment Experience with dates and main job titles

General Instructions:

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13. The following documents should be attached:

- a) CBT Facilitator/Assessor/Internal Verifier certificate from training institutions
(for new CBT Facilitators only)
- b) CTVET Facilitator/Trainer registration certificate/Letter *(for existing CBT Facilitators only)*
- c) Technical/Trade Area Qualification
- d) Detailed Curriculum vitae

14. Name of Training Provider facilitating for (if any):

15. Type of organization facilitating for: (Please tick \surd)

- a) Public
- b) Private
- c) Others

Please for others specify:

16. Indicate your preferred medium for the interview

- a) In-person
- b) Virtual

Note: *The Commission will communicate the date for the interview*

17. State any other training in competency based you have received, with dates

S/N	Kind of Training	Period
1	/...../..... to...../...../.....
2	/...../..... to...../...../.....
3	/...../..... to...../...../.....

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18. Declaration

I attest that the above information is correct. I do understand that any incorrect information will result in the suspension/cancellation of my licensure and accreditation with CTVET.

Name of Applicant:

Signature:

Date:

CTVET (QAC) OFFICIAL USE ONLY	
Vetted by Director AA&C:	<i>Date:</i> <i>Sign:</i>
Date Accreditation Fees paid:	
Amount & Receipt #:	
Date soft copy received:	
QAC Committee Decision (QAC):	<input type="radio"/> Approved <input type="radio"/> Provisional approval <input type="radio"/> Not Approved
Date of submission of QAC Decision	

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