



REPUBLIC OF GHANA

MINISTRY OF EDUCATION

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

**Registration Application Pack for
TRADE ASSOCIATIONS/PROFESSIONAL BODIES**

**Commission for Technical and Vocational Education and Training (CTVET)
Registration Application Pack for TRADE ASSOCIATIONS/PROFESSIONAL BODIES**

QAC Reference No.....

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

1. Name of Trade Association/Professional Body:

.....

2. Type of application (please tick \checkmark)

New Registration

Re-Registration

Note: Attach copy of old Registration certificate for re-registration

3. Category of Trade Association/Professional Body [tick (\checkmark) where applicable]

Formal

Informal

4. Type of Trade Association/Professional Body (please tick \checkmark)

Public

Private

Others (Please specify).....

5. Postal Address

.....

.....

.....

6. Residential Address/ Physical Location of organisation (Headquarters)

.....

.....

Tel: Fax:

Email: Website:

General Instructions:

- a. All Columns must be filled and copies of relevant documents attached before submission
- b. Payment of Ghc 1,000.00 should be made to Director General, CTVET in Banker's Draft (non refundable)
- c. Pack should be sent by EMS or hand delivered at CTVET Secretariat with soft copies to:
Email address: reg.acc@ctvet.gov.gh

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7. Ownership of Premises (please tick \checkmark)

Association Property Rented Lease Others (specify).....

(Note: In all cases, attach copies of documents)

8. Date of establishment of Association/Professional Body: (DD/MM/YY):/...../.....

9. List Executive members of the Association (attach CVs of Executives)

S/N	NAME	POSITION	QUALIFICATION LEVEL	TELEPHONE NUMBER	TRADE AREA
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

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10. Indicate level of representation at the regional level

REGION	MALES	FEMALES	TOTAL
UPPER WEST			
UPPER EAST			
NORTH EAST			
SAVANNAH			
NORTHERN			
BONO			
BONO EAST			
AHAFO			
ASHANTI			
EASTERN			
WESTERN			
WESTERN NORTH			
CENTRAL			
GREATER ACCRA			
VOLTA			
OTI			
TOTAL			

NB: Attach Membership list under the headings below;

- Name of Member
- Telephone Number
- CTVET Registered (YES/NO)
- Trade Area
- District
- Region

11. The following certificates and documents should be attached:

- a) Company Registration Certificate

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- b) Constitution of Association/Professional Body
- c) Brief Profile of Organisation (not more than a page).
- d) Operational organogram/structure of organisation.

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12. Details of Contact Person:

Name:

Designation:

Mobile phone Number:

Email:

Signature.....

NB: Attach a copy of a National ID of Centre Contact Person

Affix photo of Centre Contact Person <i>(It should be certified by the Head of Institution)</i>
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13. Declaration

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

Name of Institution/Company:

Name of Applicant (Head of Association/Professional Body):
.....

Designation (e.g. Principal, Chief Executive Officer etc.).....

Signature:

Official stamp with date:

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CTVET (QAC) OFFICIAL USE ONLY	
Vetted by Director CBT:	Date: _____ Sign: _____
Date Registration 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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