# SECOND SCHEDULE

**(Under regulation 6) APPLICATION FORMS**

NACTVET FORM REG-01

**THE NATIONAL COUNCIL FOR TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING (NACTVET)**

**APPLICATION FORM FOR REGISTRATION OF TECHNICAL INSTITUTIONS**

(Pursuant to Clause 5 (1) (a) of NACTVET Act, Cap. 129)

**Part A**

*(to be completed by the Applicant)*

**Section 1: Particulars of the Training Institution**

* 1. **Name of the Institution:** .......................................................................................................................................................
	2. **Location:** ............................................................................................................................................................................... District or Municipal:....................................................... Plot Number or Village:..................................................
	3. **Address:** ................................................................................................................................................................................

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* 1. **Phone:** ............................................................................ **1.5 Fax:** .................................................................................

**1.6 E-mail:** ........................................................................... **1.7 Webpage:** ........................................................................

* 1. **Date of Establishment:**...................................................
	2. **Ownership** (tick the appropriate box)**:**
		1. **Public:**

□ Central Government □ Local Government

* + - * Religious
			* Others (specify)
			* Non Governmental Organisation (NGO)
		1. **Private:**

□ Personal □ Semi-private (co-owned) - specify

........................................................................................

□ Company □ Other (specify)

........................................................................................

* 1. **Particulars of Owner:**

Name:...............................................................................

Age (where applicable)

Sex: Male / Female (where applicable) Nationality(ies): (where applicable)

* 1. **Institutional Governance** (tick appropriate box)**:**

□ Council □ Board of Trustees

□ Board of Directors □ Other (specify)

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* 1. **Previous Legal Registration/Licensing:** (specify and attach copies of supporting documents e.g. Articles of Association, Constitution, Charter, etc.)

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**Section 2: Particulars of the Training Institution Outputs**

* 1. **Purpose of Establishing the Institution** (tick appropriate boxes):

□ Government Requirement □ Business Venture (attach Feasibility Study Report)

* + - * Religious
			* Others (specify)……………………………… (attach supporting documents)
* Service Based on Needs Assessment (attach Needs Assessment Report)
	1. **Vision:**

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* 1. **Mission:**

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* 1. **Objectives:**

a).............................................................................................................................................................................................

b) ............................................................................................................................................................................................

c).............................................................................................................................................................................................

d) ............................................................................................................................................................................................

* 1. **Training Particulars:**
		1. **Subject Sector** (tick the appropriate boxes):

□ Business, Tourism and Planning

* Health and Allied Sciences
* Science and Allied Technologies

**Note:**

Business, Tourism and Planning include accountancy, law and management planning, social welfare, development, arts, sports and the like

Health and Allied Sciences include nursing, allied health sciences and other para-medical sciences

Science and Allied Technologies include all branches of engineering and science, computing and information technology, livestock, agriculture, fishing, wildlife, natural resources, mining and the like.

* + 1. **Type and Level of Training Offered (Existing):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Minimum Entry Qualifications** | **Title of Award/ Qualification Sought** | **Institutional Entry Requirements** |
| **Entry Qualification** | **Training Duration**(months) | **Students Intake**(per annum) |
| Technician | Form IV or equivalent | Pre-technicianCertificate |  |  |  |
| TechnicianCertificate |  |  |  |
| Full TechnicianCertificate |  |  |  |
| TechnicianDiploma |  |  |  |
| Others |  |  |  |
| Semi-Professional / Professional | Form VI / Full Technician Certificate / Technician Diploma | AdvancedDiploma |  |  |  |
| Degree |  |  |  |
| Others |  |  |  |

* + 1. **Type and Level of Training Planned (New):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Minimum Entry Qualifications** | **Title of Award/ Qualification Sought** | **Institutional Entry Requirements** |
| **Entry Qualification** | **Training Duration**(months) | **Students Intake**(per annum) |
| Technician | Form IV or equivalent | Pre-technicianCertificate |  |  |  |
| TechnicianCertificate |  |  |  |
| TechnicianDiploma |  |  |  |
| Others |  |  |  |
| Semi-Professional / Professional | Form VI / Full Technician Certificate / Technician Diploma | Higher Diploma |  |  |  |
| Degree |  |  |  |
| Others |  |  |  |

* 1. **Other Services Offered/to be Offered**
* Extension Services (Elaborate): .................................................................................................................................
* Consultancy Services: ................................................................................................................................................
* Research:....................................................................................................................................................................
* Short Courses: ...........................................................................................................................................................
* Others:(specify):…………………………………………………………………………………………………….

**Section 3: Training Process**

* 1. **Curriculum:**

Content (attach 3 copies for each subject).

Who prepares (indicate name of individual or body): ............................................................................................................

Reviewer/moderator: .............................................................................................................................................................

Frequency of review/moderation:...........................................................................................................................................

Date of last review/moderation (attach reviewer's comments): ..............................................................................................

Describe the approval process (if any): ..................................................................................................................................

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* 1. **Programme Offered is Recognised by** (tick appropriate boxes):
* Professional bodies (state and attach evidence):

...............................................................................

* Government (specify Ministry or Government authority)

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* Other (specify):

.................................................................................

* None
	1. **Structure of the training** (tick and complete appropriate boxes):
	+ Coursework (state effective duration):

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* + Practical at the Institute (state effective duration):

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* Field work (state effective duration):

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* Other (specify and state effective duration)

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* 1. **Mode of the training** (tick and complete appropriate boxes):
	+ Full time (state maximum/minimum duration):

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* Distant learning (state maximum/minimum duration):

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* + Part time (state maximum/minimum duration):

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* + Others(specify and state duration)

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* Block studies (state maximum/minimum duration)

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* 1. **Examinations**

Examining Authority: ...........................................................................................................................................................

Describe procedure for setting examinations: ........................................................................................................................

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................................................................................................................................................................................................ Describe external examination procedures (if any): ...............................................................................................................

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* 1. **Awards**
		1. **Existing Awards** (fill in appropriate information)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type** | **Minimum Entry Qualification** | **Title of Award/Qualification** | **Awarding Body / Authority** | **Average number of awardees**(per annum) |
| Technician | Form IV or equivalent | Pre-technician Certificate |  |  |
| Technician Certificate |  |  |
| Full Technician Certificate |  |  |
| Technician Diploma |  |  |
| Others |  |  |
| Semi- Professional / Professional | Form VI / Full Technician Certificate /Technician Diploma | Advanced Diploma |  |  |
| Degree |  |  |
| Others |  |  |

* + 1. **Planned Awards** (fill in appropriate information)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type** | **Minimum Entry Qualification** | **Title of Award/Qualification** | **Awarding Body / Authority** | **Average number of awardees**(per annum) |
| Technician | Form IV or equivalent | Pre-technician Certificate |  |  |
| Technician Certificate |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Technician Diploma |  |  |
| Others |  |  |
| Semi- Professional / Professional | Form VI / Full Technician Certificate/ TechnicianDiploma | Higher Diploma |  |  |
| Degree |  |  |
| Others |  |  |

**Section 4: Key inputs**

* 1. **Human Resources:**

Name of the Chief Executive Officer: ....................................................................................................................................

Qualifications (attach CV): ....................................................................................................................................................

Organisation Structure (attach organisation chart showing titles and names of office holders).

Submit the number and qualifications of full time experts in the following format:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S/N** | **Name** | **Age** | **Qualifications** | **Area of Expertise** | **Experience (years)** | **Foreign/ Local** | **Other posts held at the Institute/College** |
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Submit the number and qualifications of part time experts in the following format:

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **S/N** | **Name** | **Age** | **Qualifications** | **Area of Expertise** | **Experience (years)** | **Foreign/ Local** | **Other posts held at the Institute/College** |
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Submit the number and qualifications of supporting staff in the following format:

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| --- | --- | --- | --- | --- | --- |
| **S/N** | **Name** | **Age** | **Qualifications** | **Support Service Offered** | **Experience (years)** |
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* 1. **Students:**

Estimated annual demand of graduates for each training offered: .........................................................................................

□ Direct Entry (from school) □ In Service

* + Other (specify): ...........................................................................................

Are there formal registration procedures Yes / No (delete inappropriate)

* 1. **Physical Resources:**
		1. **Land:**
		+ Owned (attach title deed)

Size: ............................................................. Ownership period:.........................................

* + - Other (specify): ..............................................

Size: .............................................................. Occupation period:........................................

* Leased (attach agreement)

Size: ...........................................................................

Lease period: ..............................................................

* + 1. **Infrastructure/Buildings** (attach layout plans, building permits, certificates of occupancy, health certificates, fire regulations conformity certificate, etc.):

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Number | Total floor area (m2) | Ownership |
| Owned | Leased | Hired |
| Offices |  |  |  |  |  |
| Classrooms |  |  |  |  |  |
| Laboratories |  |  |  |  |  |
| Workshops |  |  |  |  |  |
| Dormitories |  |  |  |  |  |
| Assembly halls |  |  |  |  |  |
| Libraries |  |  |  |  |  |
| Cafeterias (students) |  |  |  |  |  |
| Canteen (staff) |  |  |  |  |  |
| Staff quarters |  |  |  |  |  |
| Bookshops |  |  |  |  |  |
| Others (specify) |  |  |  |  |  |

* + 1. **Equipment:**

Attach detailed list of teaching equipment and furniture

* + - 1. Owned
			2. Leased (indicate source and attach agreement)
			3. Hired (indicate source and attach agreement)
		1. **Furniture:**

Attach detailed list of teaching equipment and furniture

* + - 1. Owned
			2. Leased (indicate source and attach agreement)
			3. Hired (indicate source and attach agreement)
		1. **Tools and Audio-visual Aids:**

Attach detailed list of teaching equipment and furniture

* + - 1. Owned
			2. Leased (indicate source and attach agreement)
			3. Hired (indicate source and attach agreement)
		1. **Information resources/systems:**

Books (state approximate total number available): .............................................................................................................

Journals (attach list of subscribed journals):

Electronic:

* Access to INTERNET: Yes / No (delete inappropriate)
* CD ROMS available: Yes / No ( delete inappropriate)
	+ 1. **Services:** (Indicate services available and provider):

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Internal | External | Provider(if external) |
| Piped Water Supply |  |  |  |
| Waste water disposal |  |  |  |
| Solid waste disposal |  |  |  |
| Electricity |  |  |  |
| Telephone |  |  |  |
| Health |  |  |  |
| Recreational (sports) |  |  |  |
| Safety |  |  |  |
| Security |  |  |  |
| Religious |  |  |  |
| Transport |  |  |  |
| Others (specify) |  |  |  |
|  |  |  |  |

**Section 5: Funding**

* 1. **Annual Expenditure in the Past Three Years (Million Tshs):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **Year** | **Recurrent** | **Capital/Development** | **Total** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |

* 1. **Annual Budgetary Requirements for the Current Year and Next Three Years (Million Tshs):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **Year** | **Recurrent** | **Capital/Development** | **Total** |
| **Current** |  |  |  |  |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |

* 1. **Sources of Funds for the Current Year and Next Three Years (Million Tshs)** (attach relevant supporting documents):

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Source(s)** | **Current****Year** | **Next Three Years** |
| **1** | **2** | **3** |
| **(Amount)** | **(Amount)** | **(Amount)** | **(Amount)** |
| Own |  |  |  |  |  |
| Loan |  |  |  |  |  |
| Grant |  |  |  |  |  |
| Fees |  |  |  |  |  |
| Government |  |  |  |  |  |
| Others (specify) |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Amount** |  |  |  |  |

* 1. **Fee Structure:**

|  |  |  |
| --- | --- | --- |
| **Description** | **Year 1** | **Subsequent Years** |
|  |  |  |  |  |
| Application Fees |  |  |  |  |  |  |
| Tuition Fees |  |  |  |  |  |  |
| Registration Fees |  |  |  |  |  |  |
| Examination Fees |  |  |  |  |  |  |
| Dissertation / Thesis fees |  |  |  |  |  |  |
| Medical Fees |  |  |  |  |  |  |
| Research / Field Fees |  |  |  |  |  |  |
| Caution Money |  |  |  |  |  |  |
| Student Union |  |  |  |  |  |  |
| Books |  |  |  |  |  |  |
| Stationery |  |  |  |  |  |  |
| Identity Card |  |  |  |  |  |  |
| Graduation Fees |  |  |  |  |  |  |
| Others (specify) |  |  |  |  |  |  |

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**Section 6: Long-term Plans**

* 1. **Student Intake:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Minimum Entry Level** | **Title of Award/ Qualifications** | **Student Intake** |
| **Previous Year** | **Current Year** | **After 5 Years** | **After 10 Years** |
| Technician | Form IV or equivalent | Pre-technicianCertificate |  |  |  |  |
| TechnicianCertificate |  |  |  |  |
| Full TechnicianCertificate |  |  |  |  |
| TechnicianDiploma |  |  |  |  |
| Other |  |  |  |  |
| Semi-Professional/ Professional | Form VI / Full Technician Certificate / Technician Diploma | AdvancedDiploma |  |  |  |  |
| Degree |  |  |  |  |
| Other |  |  |  |  |
| Others |  |  |  |  |  |  |

* 1. **Indicate Projected Student Staff Ratios:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ratio** | **Previous Year** | **Current Year** | **After 5 Years** | **After 10 Years** |
| Support Staff: Student Ratio |  |  |  |  |
| Expert Staff: Student Ratio |  |  |  |  |

***Note: Expert Staff includes both teaching and training staff***

* 1. **Physical Facilities:**

|  |  |
| --- | --- |
| **Type** | **Total Floor Area (m 2)** |
| **Previous Year** | **Current Year** | **After 5 Years** | **After 10 Years** |
| Offices |  |  |  |  |
| Classrooms |  |  |  |  |
| Laboratories |  |  |  |  |
| Workshops |  |  |  |  |
| Dormitories |  |  |  |  |
| Assembly halls |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Libraries |  |  |  |  |
| Cafeterias (students) |  |  |  |  |
| Canteen (staff) |  |  |  |  |
| Staff quarters |  |  |  |  |
| Bookshops |  |  |  |  |
| Others (specify) |  |  |  |  |

* 1. **Attach other relevant information (**such as the Institution's Strategic Plan, Physical Master Plan, etc.)

**Section 7: Declaration**

I certify that the particulars furnished in this application form are true and complete in all respects and that no relevant information has been withheld.

I understand that misrepresentation, falsification and/or withholding information in regard to this application are serious offences that may result in nullification/denial of registration and/or prosecution.

**Applicant's Signature:................................................................................ Date: ........................................................................... Applicant's Name in full: ...........................................................................**

**Designation: ................................................................................................ Official Stamp: ..........................................................**

**Section 8: Applicant’s Witness and Confirmation**

Signed by the said …………………………………………………… (applicant) on the day of

…………..………………. (month) ……………………..……………………..…. (year) in the presence of

………………………………………………….. (name) whose signature is and

witnessed by ………………………………………………………… who is the Commissioner of Oath and whose signature is …………………………..………………………………………………………………………...

Address: ………………………………………………………………………………………………………………

Date:…………………………..…..……………. (Official Stamp): ………………………………………………….