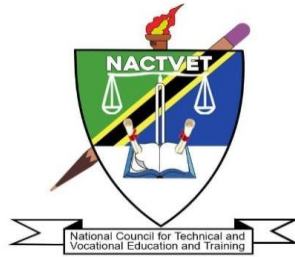


**NATIONAL COUNCIL FOR TECHNICAL AND
VOCATIONAL EDUCATION AND TRAINING
(NACTVET)**



NACTVET FORM REG - 01

APPLICATION FORM

FOR

REGISTRATION AS A TECHNICAL INSTITUTION

Dar es Salaam

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

APPLICATION FOR REGISTRATION AS A TECHNICAL INSTITUTION (Pursuant to Clause 5 (1) (a) of NACTVET Act, Cap. 129)

Section 1: Particulars of the Training Institution

- 1.1 Name of the Institution:**
- 1.2 Location:**
 District or Municipality: Plot Number or Village:
- 1.3 Address:**

- 1.4 Phone:** **1.5 Fax:**
- 1.6 E-mail:** **1.7 Web page:**
- 1.8 Date of Establishment:**
- 1.9 Ownership (tick the appropriate box):**
- Public:**
- | | |
|---|--|
| <input type="checkbox"/> Central Government | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Religious | <input type="checkbox"/> Non Governmental Organisation (NGO) |
| <input type="checkbox"/> Other (specify): | |
- Private:**
- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Personal | <input type="checkbox"/> Semi-private (co-owned) - specify
..... |
| <input type="checkbox"/> Company | <input type="checkbox"/> Other (specify) |
- 1.10 Particulars of Owner:**
- Name:.....
- Age:..... (where applicable)
- Sex: Male / Female (where applicable)
- Nationality(ies): (where applicable)
- 1.11 Institutional Governance (tick appropriate box):**
- | | |
|---|--|
| <input type="checkbox"/> Council | <input type="checkbox"/> Board of Trustees |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Other (specify) |
- 1.12 Previous Legal Registration/Licensing:** (specify and attach copies of supporting documents e.g. Articles of Association, Constitution, Charter, etc.)

Section 2: Particulars of the Training Institution Outputs

2.1 Purpose of Establishing the Institution (tick appropriate boxes):

- | | |
|--|--|
| <input type="checkbox"/> Government Requirement | <input type="checkbox"/> Business Venture (Enclose Feasibility Study Report) |
| <input type="checkbox"/> Religious | <input type="checkbox"/> Service Based on Needs Assessment (Enclose Needs Assessment Report) |
| <input type="checkbox"/> Other (specify)
(Enclose supporting documents) | |

2.2 Vision:

(This is defined as a realistic credible attractive future of an organisation or institution)

.....

.....

.....

2.3 Mission:

(This entails what needs to be done to arrive at the intended destination as prescribed by the vision)

.....

.....

.....

2.4 Strategic Objectives:

- a).....
- b)
- c).....
- d)

2.5 Training Particulars:

2.5.1 Subject Sector (tick the appropriate boxes):

- | | |
|--|---|
| <input type="checkbox"/> Business, Tourism and Planning | <input type="checkbox"/> Health and Allied Sciences |
| <input type="checkbox"/> Science and Allied Technologies | |

Note:

Business, Tourism and Planning includes: accountancy, finance management, materials management, human resource management, Law, journalism and media studies, economics, community development, records management, statistics, development planning, social planning, environmental planning, labour issues, social sciences, hotel management, tourism and related fields.

Health and Allied Sciences includes: clinical medicine, pharmaceutical sciences, nursing radiography, physiotherapy and other related fields.

Science and Allied Technologies includes: crop and livestock production, fisheries, wildlife management, all branches of engineering, computing, information technology, Architecture and related field.

2.5.2 List of Departments

(A department is defined as an entity offering a programme leading to a particular award)

- (1)..... (2)..... (3).....
 (4)..... (5)..... (6).....
 (7)..... (8)..... (9).....
 (10)..... (11)..... (12).....

2.5.3 Type and Level of Training Offered (Existing):

Type	NACTVET 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	Basic Technician Certificate			
		Technician Certificate			
		Ordinary Diploma			
		Others			
Semi-Professional / Professional	Form VI / Ordinary Diploma	Higher Diploma			
		Degree			
		Others			

2.5.4 Type and Level of Training Planned (New):

Type	NACTVET 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	Basic Technician Certificate			
		Technician Certificate			
		Ordinary Diploma			
		Others			
Semi-Professional / Professional	Form VI / Ordinary Diploma	Higher Diploma			
		Degree			
		Others			

2.6 Other Services Offered/to be Offered

☐ Extension Services (Elaborate):

☐ Consultancy Services:

- ☐ Research:
- ☐ Short Courses:
- ☐ Other: (specify):

Section 3: Training Process

3.1 Curriculum:

Content (attach at least 1 copy for each course / training programme).

Who prepares it

Reviewer/moderator:

Frequency of review/moderation:.....

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

Approving authority.....

Describe the approval process (if any):

.....

3.2 Programme Offered is Recognised by (tick appropriate boxes):

- | | |
|---|--|
| <input type="checkbox"/> Professional bodies (state and attach evidence):
..... | <input type="checkbox"/> Other (specify):
..... |
| <input type="checkbox"/> Government (specify Ministry or Government authority)
..... | <input type="checkbox"/> None |

3.3 Structure of the training (tick and complete appropriate boxes):

- | | |
|---|--|
| <input type="checkbox"/> Coursework (state effective programme duration):
..... | <input type="checkbox"/> Field work (state effective duration):
..... |
| <input type="checkbox"/> Practicals at the Institute (state effective duration):
..... | <input type="checkbox"/> Other (specify and state effective duration)
..... |

3.4 Mode of the training (tick and complete appropriate boxes):

- | | |
|--|---|
| <input type="checkbox"/> Full time
Minimum duration.....Academic Years
Maximum duration.....Academic Years | <input type="checkbox"/> Distant learning (state minimum duration):
Minimum duration.....Academic Years
Maximum duration.....Academic Years |
|--|---|

☐ Part time (state minimum duration):
Minimum duration.....Academic Years
Maximum duration.....Academic Years

☐ Block studies (state minimum duration)
Minimum duration.....Academic Years
Maximum duration.....Academic Years

☐ Others(specify and state duration)
Minimum duration.....Academic Years
Maximum duration.....Academic Years

3.5 Assessment Criteria

How do you assess your students' progress during the Course and final achievement?

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

3.6 Examinations

Examining Authority:

Describe procedure for setting examinations:

.....

Describe procedure for administering examinations:

.....

Describe procedure for marking examinations:

.....

Describe external examination procedures (if any):

.....

3.7 General Assessment

Contribution of continuous assessment and final examination in percentage in the final results

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

3.8 Awards**3.8.1 Existing Awards** (fill in appropriate information)

Type	NACTVET Minimum Entry Qualification	Title of Award/Qualification	Awarding Body / Authority	Average Number of Awardees (per annum)
Technician	Form IV or equivalent	Basic Technician Certificate		
		Technician Certificate		
		Ordinary Diploma		
		Others		
Semi-Professional / Professional	Form VI / Ordinary Diploma	Higher Diploma		
		Degree		
		Others		

3.8.2 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	Basic Technician Certificate		
		Technician Certificate		
		Ordinary Diploma		
		Others		
Semi-Professional / Professional	Form VI / Ordinary Diploma	Higher Diploma		
		Degree		
		Others		

Section 4: Key inputs**4.1 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	Date of Birth	Sex (M/F)	Qualifications	Area of Expertise	Experience (Years)	Nationality	Other posts held at the Institute/College

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

S/N	Name	Date of Birth	Sex (M/F)	Qualifications	Area of Expertise	Experience (Years)	Nationality	Other posts held at the Institute/College

Submit the number and qualifications of supporting staff in the following format:

S/N	Name	Date of Birth	Sex (M/F)	Qualifications	Support Service Offered	Experience (Years)

4.2 Students:

4.2.1 Admission procedure:

☐ Pre-Service

☐ Day

☐ In-Service

☐ Boarding

Describe institutional students admission procedure

.....

.....

.....

4.3 Physical Resources:**4.3.1 Land:**

<input type="checkbox"/> Owned (attach title deed)	<input type="checkbox"/> Leased (attach agreement)
Size:	Size:
Ownership period:	Lease period:
<input type="checkbox"/> Other (specify):	
Size:	
Occupation period:	

4.3.2 Infrastructure/Buildings: -

Type	Number	Ownership		
		Owned	Leased	Hired
Offices				
Classrooms				
Laboratories				
Workshops				
Dormitories				
Assembly halls				
Libraries				
Cafeterias (students)				
Canteen (staff)				
Staff quarters				
Others (specify)				

Please attach

- (i) A separate sheet showing the capacity of each of the above listed facility; and
- (ii) Infrastructure layout plans, building permits, certificates of occupancy, health certificates, fire regulations conformity certificate, etc.

4.3.3 Equipment:

Attach detailed list of teaching equipment and tools

- a) Owned
- b) Leased (indicate source and attach agreement)
- c) Hired (indicate source and attach agreement)

4.3.4 Furniture:

Attach detailed list of furniture

- a) Owned

- b) Leased (indicate source and attach agreement)
- c) Hired (indicate source and attach agreement)

4.3.5 Audio-visual Aids:

Attach detailed list of Audio-visual Aids

- a) Owned
- b) Leased (indicate source and attach agreement)
- c) Hired (indicate source and attach agreement)

4.3.6 Information resources/systems:

Books (Attach list of titles and 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)

4.3.7 Services: (Indicate services available and provider):

Type	Provider
Piped Water Supply	
Waste water disposal	
Solid waste disposal	
Electricity	
Telephone	
Health	
Recreational (sports)	
Safety	
Security	
Religious	
Transport	
Others (specify)	

Section 5: Funding

5.1 Annual Expenditure in the Past Three Financial Years (Million Tshs):

S/N	Year	Recurrent	Capital/Development	Total
1				
2				
3				

5.2 Annual Budgetary Requirements for the Current and Next Three Financial Years (Million Tshs):

S/N	Year	Recurrent	Capital/Development	Total
Current				

1				
2				
3				

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

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

5.4 Fee Structure:

Description	Year 1	Year 2	Year 3	Year 4
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)				

Section 6: Long-term Plans**6.1 Student Intake:**

Type	Minimum Entry Level	Title of Award/ Qualification	Student Intake		
			Previous Year	Current Year	After 5 Years
Technician	Form IV or equivalent	Pre-technician Certificate			
		Certificate			
		Full Technician Certificate			
		Ordinary Diploma			
		Other			
Semi-Professional/ Professional	Form VI / Full Technician Certificate / Diploma	Advanced Diploma			
		Degree			
		Other			
Others					

6.2 Indicate Projected Staff Ratios:

Ratio	Previous Year	Current Year	After 5 Years
Expert Staff: Student Ratio	1:.....(Students)		
Supporting Staff: Student Ratio	1:.....(Students)		

Note: Expert Staff includes both teaching and training staff

6.3 Physical Facilities:

Type	Number		
	Previous Year	Current Year	After 5 Years
Offices			
Classrooms			
Laboratories			
Workshops			
Dormitories			
Assembly halls			
Libraries			
Cafeterias (students)			
Canteen (staff)			
Staff quarters			
Others (specify)			

NB: Enclose other relevant information (such as the Institution's Strategic Plan, Physical Master Plan, etc.)

Section 7: Declaration

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):