**NOTIFICATION OF SIGNIFICANT CHANGES**

**IN**

**NON-CREDIT BEARING SHORT COURSES**

1. **INTRODUCTION**

|  |
| --- |
| The NCBSC Guidelines prescribe that ETPs must duly communicate any proposed significant change(s) to the short courses to HRDC for sanctioning. This is influenced by the fact that major changes have the potential to impact on the provision of teaching and learning and the ETP’s capacity to meet the recognition requirements. |

1. **DETAILS OF THE EDUCATION AND TRAINING PROVIDER (ETP)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of ETP: …………………………………………………………………………………….…** | | | | |
| **Type of ETP** *(****Tick (* ✓*) the appropriate box)*** | **Conventional** | | **Workplace** | **Consultant** |
|  | |  |  |
| **Postal Address: ………………………………………………………………………..…………..** | | | | |
| **Physical address: ……………………………………………………………..……………..….…** | | | | |
| **Email Address: ……………………………………………………………………………………..** | | | | |
| **Contact person: …………….…………………....** | | **Tel. Number: …………….……….....…..** | | |
| **Designation: ………………………..……….…….** | | **Signature: …………………….…………** | | |
| **Application submission date: ………………………………………….………………….…...** | | | | |

1. **ACCREDITATION STATUS**

|  |  |  |
| --- | --- | --- |
| **Accreditation No: …………………………..………….** | | **Expiry Date: ……………………..** |
| **Course Title: ………………………………………………………………………………………..** | | |
| **Course Recognition Expiry Date:** | **…………………………………………………………………….**  **(** | |

1. **SIGNIFICANT CHANGES:** *(****Tick (* ✓*) the appropriate boxes)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Description of Proposed Changes** | **Yes** | **No** | **Reason for Change** |
| **4.1** | Change in the name/title of short course. |  |  |  |
| **4.2** | Change in the duration of a course |  |  |  |
| **4.3** | Change in the content of short course of more than 30% of the core components |  |  |  |
| **4.4** | Change in any franchising or partnership arrangements |  |  |  |
| **4.5** | Change in the mode of delivery of course and assessment. |  |  |  |

1. **ATTACHMENTS TO SUPPORT THE PROPOSED CHANGES**

* Copy of HRDC Receipt as proof of payment.
* Decision Letter or Certificate of Scope of Recognition of NCBSC
* Copy of Initial version before amendment (E.g. Old delivery schedule)
* Copy of new version entailing the proposed changes. (e.g. New delivery schedule with amended notional time)

1. **EFFECT OF THE CHANGE TO THE COURSE PARTICIPANTS**

|  |
| --- |
| * 1. Explain how the proposed change will affect the learners   ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

1. **CHECKLIST**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Details of the changes required** *(****Tick (* ✓*) the appropriate boxes)*** | **Provided** | |
| **Yes** | **No** |
| **1.** | **Proof of Payment** |  |  |
| **2.** | **ETP Details** |  |  |
| **3.** | **Description for proposed change(s)** |  |  |
| **4.** | **Reason for proposed change(s)** |  |  |
| **5.** | **Brief details of the proposed change(s)** |  |  |
| **6.** | **Copy of Decision Letter or Certificate of Scope of Recognition of NCBSC** |  |  |
| **7.** | **Copy of Initial Version before the amendments** |  |  |
| **8.** | **Copy of new version with the proposed changes** |  |  |

|  |  |  |
| --- | --- | --- |
| 1. **DECLARATION** | | |
| We the undersigned state that;   * the information contained in the application is, to the best of my knowledge, true and accurate. * Our institution has the capacity to sustain the proposed changes. | | |
| Name of Management Representative | Surname: ……………………. | Name: ………………………. |
| Designation: ………………………………………………………. | |
| Signature: …………………… | Date: ………………..………. |