**RENEWAL OF**

**NON-CREDIT BEARING SHORT COURSES APPLICATION FORM**

1. **DETAILS OF THE Education and Training Provider (ETP)**

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| --- | --- | --- | --- | --- |
| **1.1 Name of ETP: …………………………………………………………………………………** | | | | |
| **1.2 Type of ETP** *(****Tick (* ✓*) the appropriate box)*** | **Conventional** | | **Workplace** | **Consultant** |
|  | |  |  |
| **1.3 Accreditation No.: …………………………..** | | **1.4 Expiry date: …….……………..….** | | |
| **1.5 Postal Address: ………………………………………………………………………………** | | | | |
| **1.6 Physical Address: ……………………………………………………………..……..….…** | | | | |
| **1.7 Email Address: …………………..……………………………………….…………...…...** | | | | |
| **1.8 Contact Person: …………….………..……..** | | **1.9 Tel. Number: …………….……..…** | | |
| **1.10 Designation: ………………………..……….** | | **1.11 Signature: ………………………..** | | |
| **1.12 Application submission date: ………………………………………….…………..…...** | | | | |

1. **SCOPE OF ACCREDITATION**

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| **2.1 Field Number** | **2.2 Fields of Learning Accredited** |
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1. **DETAILS OF THE SHORT COURSE TO BE RENEWED**

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| **No** | **Tittle of the Course** | **Date of previous Recognition** | **Expiry date of previous Recognition** | **Field of Learning** |
| **3.1** |  |  |  |  |

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| **3.2 Rational and Purpose:**  **…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………** |
| **3.3 Course Notional Time:**  **…………………………………………………………………………………………………………** |
| **3.4 Target Population:**  **…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………..………** |
| **3.5 Entry Requirements:**  **………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………** |

1. **COURSE CONTENT DELIVERY STRATEGIES (Refer to the points outlined in the guidelines on this criterion)**

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| **4.1 Exit Level Outcomes:**  **i. ……………………………………………………………………………………………………..**  **ii. …………………………………………………………………………………………………….**  **iii. …………………………………………………………………………………………………….** |
| **4.2 Learning Outcomes (LO)**  **i. ……………………………………………………………………………………………………..**  **ii. …………………………………………………………………………………………………….**  **iii. …………………………………………………………………………………………………….** |

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| **4.2.1 Learning Outcome (LO) 1**  **……………………………………………………………………………………………………….** | | | |
| **Topics/Unit** | ***Objectives*** | **Delivery strategies** | **Assessment Strategies** |
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| **4.2.2 Learning Outcome (LO) 2: …………………………………………………………………** | | | |
| **Topics/Unit** | ***Objectives*** | **Delivery strategies** | **Assessment  Strategies** |
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| |  |  |  |  | | --- | --- | --- | --- | | * 1. **Short Course**   **Delivery Modes**  *(****Tick (* ✓*) the appropriate boxes):*** | **Fulltime** | **Part-time** | **Online** | |  |  |  | |
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| |  | | --- | | * 1. **Key Facilitation/Learning strategies (general statement about the strategies or methods to be employed in the delivery of the programme)**   **……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..** | |

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| **4.5 Course Delivery Schedule** | | |
| **Day** | **Topic/Unit** | **Notional Learning Hours** |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **5. ASSESSMENT AND CERTIFICATION**   |  | | --- | | **5.1 Assessment** **(Provide assessment strategies to show how achieved competencies will be measured against the exit level outcomes).** ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | **5.2 Certification (Provide Certification Requirements, including illegibility and type of certificate).**  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |  1. **RESOURCES**  |  | | --- | | 1. **(List facilities, equipment and prescribed textbooks including minimum staff qualifications to facilitate delivery and assessment of the course. Provide SHE strategies to ensure that the facilities are safe and conducive to teaching and learning).**   **……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………** |  1. **THIRD PARTY ARRANGEMENT (Where applicable)**  |  | | --- | | **Provide evidence of contractual obligation, nature of collaboration, evidence of accreditation of third party and**  **roles and responsibilities of each party in regard to delivery, assessment and certification**  **……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………** |  1. **SHORT COURSES ENDORSEMENT (Where applicable)**  |  | | --- | | **Confirmation reports from Professional Bodies, Associations or Regulators on the relevancy of the Course to the labour market skills needs. Note that this is applicable to courses that fall within regulated professions.**  **………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………** | | | |
| 1. **DECLARATION** | | |
| We the undersigned state that;   * The information contained in the application is, to the best of our knowledge, true and accurate. * Our institution has capacity to cover its course delivery operations. | | |
| Name of Management Representative | Surname: ……………………. | Name: ………………………. |
| Signature: …………………… | Date: ………………..………. |
| Witness (Name of one member of Board of Governors or Management. | Surname: ……………………. | Name: …………………….... |
| Signature: …………………… | Date: ………………..………. |

1. **APPLICATION CHECKLIST**

This application and its attachments have been checked and found to contains information in all of the following criteria *(****Tick (* ✓*) the appropriate boxes):***

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| --- | --- | --- |
| **Application** **Criteria** | **Applicant** | ***HRDC*** |
| **Proof of Payment (**Attachment of HRDC Receipt/Invoice**)** |  |  |
| **C1. Accreditation**  Attach copy of Accreditation Certificate as proof of ETP Accreditation with Accreditation Authority. |  |  |
| ***C2. Scope of Accreditation***  Attach copy of Scope of Accreditation to show that the short course applied for is within the approved scope. |  |  |
| ***C3. Details of the Short******Course******to be renewed***  Provide: Course title, date of previous recognition, expiry date of previous recognition, field of learning, rational & purpose, notional time, target group and entry requirements. |  |  |
| ***C4. Course******content******and******delivery***  Short Course Guide showing Exit Level Outcomes, Learning outcomes, Objectives, delivery strategies, Course Outline/Delivery Schedule. |  |  |
| ***C5****.* ***Assessment******and******Certification***  Provide assessment strategies to show how achieved competencies will be measured against the exit level outcomes. Provide Certification Requirements including illegibility and type of certificate. |  |  |
| ***C6. Resources***  List of facilities, equipment, prescribed textbooks and minimum staff qualifications to facilitate delivery and assessment of the course *as well as applicable health and safety strategies.* |  |  |
| ***C7. Third******Party******arrangements******(******where******applicable)***  Memorandum of Agreement with dates and obligations of both parties, copies of license; evidence of recognition/accreditation of the third party in country of origin. |  |  |
| ***C8. Course Endorsement (Where applicable)***  For courses that fall within regulated professions provide letters of confirmation from Professional/Regulatory Bodies that competencies from such courses will be recognized. |  |  |
|  | ***Date*** | ***Date*** |
| ***Sign*** | ***Sign*** |

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| **NOTE**  The following must be attachments to the duly completed Application Form and submitted to HRDC on [**ncbsc@hrdc.org.bw**](mailto:ncbsc@hrdc.org.bw)**;**   1. **Proof of Payment:** a copy of Invoice from HRDC Accounts Unit issued after making payment. 2. **Proof of Accreditation:** Copy of ETP Accreditation from BQA. 3. **Scope of Accreditation:** Copy of Scope of Accreditation from BQA |