

Accreditation Council of Trinidad and Tobago



Institutional Data Form

The Accreditation Council of Trinidad & Tobago (ACTT) was established by an Act of Parliament, Chapter 39:06, (hereinafter 'the Act') and proclaimed on July 9th, 2004 as the principal body in Trinidad and Tobago for conducting and advising on the accreditation and recognition of post secondary and tertiary educational and training institutions, programmes and awards, whether local or foreign, and for the promotion of the quality and standards of post secondary and tertiary education and training in Trinidad and Tobago. Section 8 (1) and Section 29 (1) of the Act state that: Institutions lawfully performing their functions in Trinidad and Tobago at the commencement of this Act shall, for the period of two years thereafter, be deemed to be authorised to continue to perform such functions, provided that no such institution shall advertise or offer to the public any new courses or programmes without the prior approval of the Council. In accordance with the provisions under this Act providers of post secondary and tertiary (higher) education are invited to complete this Institutional Data Form.

Relevant terms defined in the Act are:

Post secondary education – all education and training programmes which are not at tertiary level but which are offered to secondary school leavers to meet their vocational or continuing education needs;

Tertiary education – the teaching and learning process that occurs following successful completion of secondary schooling or its equivalent and leads to the award of sub-baccalaureate awards, baccalaureate and post graduate degrees;

University – a tertiary institution that offers programmes leading to awards at the baccalaureate or post baccalaureate levels and is characterised as well by a commitment to research that maintains, advances, disseminates and assists the application of knowledge.

Instructions:

Please complete this form requesting information on your institution and programme(s). Please ensure that the data provided are accurate. If you require any assistance in interpreting the requirements of the application form please contact an Assessment Officer at 623-2500/8620 Extension 263 or a Quality Enhancement Officer Extension 239.

Forms must be addressed to:

**The Executive Director
Accreditation Council of Trinidad & Tobago
Ground Floor and Level 3, Building B
Pan-American Life Plaza
91-93 St Vincent St
Port of Spain
Telephone (868) 623-2500/5282/8389/8620 Extension 263
E-mail: ga@actt.org.tt Fax: 624-5711**

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Type of institution:

Public/State owned:

Private:

- Sole Proprietor
- Partnership
- Company
- NGO

- Other (Please specify): _____

Please state this institution's registration number from the Registrar of Companies (if relevant):

Is this institution registered with the Ministry of Education? Yes No

If yes, please state the registration number from the Ministry of Education:



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Collaborative arrangement/Partnership

Is this institution offering any programmes in collaboration with other institutions either local or overseas? Yes No

If yes, please provide the institutional name(s), address(es), and relevant programme(s). You may attach separate sheets of paper if required.

Is there a written agreement or contract between the institutions engaged in the collaborative arrangement? Yes No

Which institution's name is on the certificate(s) of the qualification(s) awarded via the collaborative arrangement?

Staff resources:

Please complete the following table indicating the number of staff in each category:

	Full-time	Part-time
Teaching staff		
Administrative staff		
Other staff		

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Programmes:

Please indicate the programmes currently offered at this institution
(You may copy this table and attach if required).

Title of programme	*Level	**Awarding Body	Duration (weeks)	Delivery FT / PT	No. of Students	
					FT	PT

KEY

- *Level of programme :
- c - certificate
 - d - diploma
 - A - Associate degree
 - B - Bachelor's degree
 - D - Doctoral degree
 - M - Master's degree

**Awarding body refers to the institution in whose name the qualification is awarded.
FT : - Full-time ; PT : - Part-time

Total number of students		
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Head of institution

Name: _____ FT PT

Title of Position: _____

Signature (head of institution): _____

Date: _____ (dd/mm/yyyy)

OFFICIAL USE ONLY

Date received: _____ (dd/mm/yyyy)

Institutional Code: actt-idf-_____