



The Accreditation Council of Trinidad and Tobago (ACTT)

Annual Accredited Institution Report

Please Use Block Letters or Type

SECTION A

Name of Institution

Address of Institution: _____

Mailing address of Institution (if different from above) _____

Institution Email: _____ Website: _____

Reporting Period: From: _____ To: _____
dd/mm/yyyy dd/mm/yyyy

1. Next anticipated ACTT Institutional Accreditation site visit _____ (mm/yyyy)

Next anticipated visit type: Focussed Comprehensive

Current Student Enrolment for the reporting period: _____
Full-time Part-time

2. Please indicate if there was a significant change in the student enrolment over the reporting period.

Full-time	<input type="checkbox"/>	Increase	<input type="checkbox"/>	Decrease	Percentage Increase/Decrease: _____
Part-time	<input type="checkbox"/>	Increase	<input type="checkbox"/>	Decrease	Percentage Increase/Decrease: _____

Ownership

1. Please tick the appropriate box as it relates to your institution:

Public Private Other

Please specify: _____

2. Describe any change in ownership or control that occurred in the reporting period or that is planned for implementation in the upcoming reporting period:



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3. Describe any opening and closure of sites and/or campuses that occurred in the reporting period or are planned for implementation in the upcoming reporting period:

4. Please indicate whether there was a change in the name of the institution during the past reporting period or proposed name change in the upcoming reporting period.

Yes No

Title conferred by ACTT

If yes, please attach a copy of the certificate of amendment or legal instrument (if applicable).

Please fill if the above applies:

Previous Name: _____

New Name: _____

Site Locations Basic Data

(Refer to the instructions page for definitions. Please repeat this Site Location Basic Data section for every site and/or campus in operation)

Main Campus Satellite Campus Satellite Site Administrative Site

Site Location: _____

Site Manager: _____

Address: _____

City: _____ Country: _____

Telephone: _____ Fax: _____

<u>Staffing:</u>	No. Full-time	No. Part-time
Teaching Staff	_____	_____
Administrative	_____	_____
Student Services	_____	_____
Information Technology	_____	_____
Other Staff	_____	_____



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Governance and Administration

1. Have any changes been made to the institution’s organisational structure in the reporting period? If yes, please attach a current approved organisational chart.

Yes

No

2. Please indicate any changes that were made to the institution’s Governing Board in the reporting period:

Provide the following information pertaining to the current Head of the Governing Body:

Name: _____

Position: _____

Date of Assumption: _____

_____ Check here if this represents a change from the previous reporting period.

3. Provide the following information pertaining to the current President/Chief Executive Officer of your institution:

Name: _____

Title: _____

Email: _____

Telephone: _____ Fax: _____

_____ Check here if this represents a change from the previous reporting period.

Please attach the officer’s job description and résumé.



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4. Provide the following information pertaining to the current Chief Academic Officer of your institution:

Name: _____

Title: _____

Email: _____

Telephone: _____ Fax: _____

_____ Check here if this represents a change from the previous reporting period.

Please attach the officer's job description and résumé.

5. Provide the following information pertaining to the current Quality Assurance Officer of your institution:

Name: _____

Title: _____

Email: _____

Telephone: _____ Fax: _____

_____ Check here if this represents a change from the previous reporting period.

Please attach the officer's job description and résumé.

6. Have changes been made to the institution's Vision Statement?

Yes No

If yes, date of Approval: _____
dd/mm/yyyy

If yes, please attach a copy of the revised vision statement to this Annual Accredited Institution Report with evidence of approval.

7. Have changes been made to the institution's Mission Statement?

Yes No

If yes, date of Approval: _____
dd/mm/yyyy



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If yes, please attach a copy of the revised mission statement to this Annual Accredited Institution Report with evidence of approval.

SECTION B

Relationship with Other Accrediting Agencies

Please fill in as necessary:

Accrediting Agency Status	
Has your institution had any pending or final action by an accrediting agency regarding sanctions?	
Sanctioning Agency	
Details of sanction	
Action taken by the institution	

Associations

Please list any association(s) or organisation(s) with which your institution may have contractual arrangements. Please include the nature of these arrangements (e.g. Memorandum of Association), name, address and contact information.

SECTION C

Quality Management System (QMS)

Have changes been made to the institution’s Quality Policy?

Yes

No

If yes, please attach a copy of the revised Quality Policy to this Annual Accredited Institution Report highlighting the changes made and evidence of approval.



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Continuous Improvement

When was the last review of the QMS conducted?

Date: _____
dd/mm/yyyy

Please indicate whether this review was internal or external:

Internal External

Please provide copies of any reports based on surveys of stakeholders used within the reporting period to determine their satisfaction.

Financial Resource

Please provide the following information:

1. Copy of the previous fiscal year's audited financial statements.
2. Copy of the operating budget for the current fiscal year (include comparisons to prior year actual and current year projected annual)
3. Current fiscal year income and expenditure statements and balance sheet.

Please indicate any percentage change (positive or negative) in the following over the last fiscal period:

Revenue: _____

Expenses: _____

SECTION D

Teaching-Learning Process

Please indicate in tabular form any substantive changes, as stipulated in the Conditions for Accreditation Contract, in programmes offered, within the reporting period and/or planned for the upcoming reporting period (for example programmes added or discontinued). If NONE, please indicate.

Please provide copies of any reports based on surveys of stakeholders used within the reporting period to determine their satisfaction.



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SECTION E

Review of Advancement Section

Please report on all the issues and concerns outlined in the Advancement Section of the Accreditation Comprehensive Site Visit Report highlighting the institutions response.

Affirmation (please affix institution stamp anywhere below)

I _____ (Head of Institution) hereby verify that all information contained within is current and accurate.

Signature: _____ Date : _____
dd/mm/yyyy