Accreditation Council of Trinidad and Tobago

Institutional Data Form

The Accreditation Council of Trinidad & Tobago (ACTT) was established by the Accreditation Council of Trinidad and Tobago Act, Chapter 39:06, (hereinafter 'the Act') 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 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 a Quality Enhancement Officer at 285-9177, Extension 240.

Forms must be submitted to:

> **INSTITUTIONAL DATA FORM**
> **Accreditation Council of Trinidad & Tobago**
> **Level 1, Maritime Centre**
> **29 Tenth Avenue, Barataria, San Juan, 250606**
> **Trinidad and Tobago, W.I.**
> **Telephone (868) 285-9177, Extension 240**
> **E-mail: registration@actt.org.tt**

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Name of Institution (as it appears on the prospectus and other institutional documents):

Address of Institution:

Mailing address of Institution (if different from above):

Does this institution have any satellite sites?   Yes ❑   No ❑

If yes, please indicate the address of these sites:

_____

_____

Contact Information

Tel

Fax

E-mail address: _____   Website: _____

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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	Contact hours	Duration (weeks)	Delivery FT / PT	No. of Students	
						FT	PT

KEY   *Level of programme*:

UC	- Undergraduate Certificate
UD	- Undergraduate Diploma
A	- Associate degree
B	- Bachelor's degree
PC	- Postgraduate Certificate
PD	- Postgraduate Diploma
M	- Master's degree
D	- Doctoral degree

Total number of students		

**Awarding body refers to the institution in whose name the qualification is awarded.

FT: Full-time;   PT: Part-time

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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-_____