

**TONGA NATIONAL QUALIFICATIONS  
AND  
ACCREDITATION BOARD**



**APPLICATION FORM & TEMPLATES  
FOR  
POST COMPLUSORY EDUCATION AND  
TRAINING (PCET) PROVIDER  
ACCREDITATION**

**Name of Provider:**

**Name of Qualification:**

**Date of Submission:**

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## Part 1: Applicant Details:

### 1.1 Applying for Approval of:

*(Please indicate your choice by placing a tick in one of the boxes provided)*

**Course** Existing  **Provider Accreditation** New

These details are required for post compulsory education and training providers applying for **Registered PCET Provider** Qualification and Course approval and Accreditation

<b>A. Provider Details</b>	
Name of education and training provider	
Type of body corporate	
Physical address of education and training premises	
Postal address	
Governing body	
<b>B. Contact Details</b>	
Contact person	
Position	
Telephone number(s)	
Facsimile number	
Email address	
Mobile Phone	

## Statement of Management Commitment

We, the undersigned, confirm that this application for post compulsory education and training accreditation represents an accurate statement of the current status and operations of our organisation with regard to the courses of study and short courses listed, and is supported by the governing body.

We confirm that the governing body has been advised of the Tonga National Qualifications and Accreditation (TNQAB) Board Act 2004 and of TNQAB policies and procedures of relevance to the activities of the organisation and that to the best of our knowledge these activities comply with relevant requirements therein.

We confirm that we have considered any aspects of our operations that may place students or the public at risk and have implemented policies and procedures to ensure their protection.

**Name :**

\_\_\_\_\_  
[Representative of the Governing Body]

**Signature:**

**Date :**

**Name :**

\_\_\_\_\_  
[Principal, Director, Manager etc]

**Signature:**

**Date :**

**Official**

**Stamp:**

\_\_\_\_\_

**Part 2 is not included here for already registered providers.**

### **Part 3: Qualification & Course Approval Template**

The **Qualification and Course of Study Approval and Provider Accreditation Guide** can be used as guidance for completing the table below:

THE QUALIFICATION	
1. Qualification <b>Title</b>	
2. Qualification <b>Purpose Statement</b> and <b>Rationale</b>	<ul style="list-style-type: none"> <li>• Who the qualification is for? Individual, community, industry or sector</li> <li>• How will this qualification meet their training needs?</li> </ul>
3. Qualification <b>Outcomes Statement</b>	The graduates of this qualification will be able to:
4. Qualification <b>Credits</b>	Credit Value: Duration in Years/ Number of semesters:
5. <b>Learning</b> and/or employment <b>Pathways</b>	<ul style="list-style-type: none"> <li>• Education Pathway: Evidence of pathway arrangement provided (yes/ no delete one)</li> <li>• Employment Pathway:</li> </ul>
6. <b>Support</b> for the Qualification	<ul style="list-style-type: none"> <li>• Who (industry or sector, ministry, community or individual) needs this qualification or training? <i>For new courses only: Evidence of training needs or support provided (yes/ no delete one)</i></li> </ul>
THE COURSE OF STUDY	
7. Qualification <b>Components</b> OR <b>Course structure</b>	<ul style="list-style-type: none"> <li>• Course structure – <b>appendix 1</b> on page 9</li> <li>• Unit descriptor – <b>appendix 2</b> on page 10</li> <li>• Practical or workplace component description regarding responsibilities and corresponding tools of:               <ul style="list-style-type: none"> <li>○ Provider</li> <li>○ Student</li> <li>○ Workplace</li> </ul> </li> </ul> <p>If units are being imported from other Courses of Study, complete <b>appendix 3</b> on page 11</p>

8. <b>International Comparability</b>	This course of study is comparable to:  Please provide link(s) or how to access to the above mentioned qualification(s) or course(s) of study
<b>THE ENTRY REQUIREMENTS</b>	
9. <b>Entry Requirements &amp; Learning</b> assumed to be in place	
10. <b>Recognition of Prior Learning</b>	If <b>yes</b> ,  Provide actual tasks for assess of RPL (yes/ no, delete one)
<b>ACCREDITATION:</b>  <b>1. RESOURCES FOR DELIVERY OF THE COURSE</b>	
11. <b>Staff</b>	Qualification & experience requirements for: <ul style="list-style-type: none"> <li>• Teaching staff</li> <li>• Other course role (eg. external moderator, assessor, practical assistant)</li> </ul> Also complete table <b>4.1 Human Resources</b> on page 7
12. <b>Facilities and Equipments</b>	<ul style="list-style-type: none"> <li>• <b>Facilities, equipments</b> and tools required for the delivery of each unit – complete table <b>4.2 Physical Resources</b> on page 7</li> </ul>
13. <b>Teaching/ Training &amp; Assessment &amp; Moderation</b> arrangements	Statement of: <ul style="list-style-type: none"> <li>• how teaching and assessment will be provided, monitored and evaluated</li> <li>• teaching and assessment material</li> <li>• the arrangement for validation and moderation?</li> </ul> If more than one page, attach as separate attachments. Complete table <b>4.3 Teaching and Assessment Materials</b> on page 8
<b>2. OTHER COURSE REQUIREMENTS</b>	
14. <b>Student support services</b>	Statement of <ul style="list-style-type: none"> <li>• How the students learning needs will be identified and provided for?</li> <li>• How enrolled students meeting all qualification requirements will be assured?</li> <li>• Health and Safety issues (where applicable)</li> </ul> If more than one page, attach on separate attachment
15. Sub-contracting or Delivery on behalf of other party/s	Where applicable: <ul style="list-style-type: none"> <li>• MOU specifying responsibility of each party</li> </ul>

(where applicable)	MOU provided (yes/ no delete one)
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## **PART 4: APPLICATION for PROVIDER and/ or WORKPLACE ACCREDITATION**

Applicants for Accreditation must have the approved resources in place or arrangement to access the resources if not in place.

### **4.1: Human Recourses – Staff qualification and expertise**

Complete the table below for all staff involve in the delivery of the course including moderators and any other course role.

<b>Name of Staff</b>	<b>Qualification(s)</b>	<b>Experience (including # of years in teaching &amp; in the field)</b>	<b>Full-time or Part-time (Put F or P)</b>	<b>Contract available for P staff ✓</b>

### **4.2: Physical Resources**

<b>Unit Code</b>	<b>Facilities, equipment &amp; tools required for delivery of the unit</b>	<b>Facilities, equipment &amp; tools that are in place or have arrangements for access. (put ✓ if in place and x for not)</b>	<b>Evidence provided (where applicable eg. Site) put yes or no</b>	<b>Comments of items or arrangement(s) in place</b>

### 4.3: Teaching and Assessment Materials

The following materials must be provided for at least **2 units (of different level if possible)** and submit together with the application. *The materials for the rest of other units will be verified on site.*

<i>List of Materials</i>	<i>Provided (✓ or x)</i>
<i>Teaching and assessment plan (scheme of work)</i>	
<i>Unit assessment tools</i> <i>Assessment tasks</i> <i>Assessment benchmarked solution or solution guide</i> <i>Checklists and any other tools that is used with the assessments</i>	
<i>Validation and Moderation tools</i> <i>Forms or templates used in validation (pre-moderation) and moderation of assessments</i> <i>Any other tools used for moderation of assessments</i>	
<i>Evidences: will be verified or viewed on-site</i> <i>Sample of assessment validation</i> <i>Sample of student work and student assessments</i> <i>Sample of moderated student work/ assessments</i>	



## Part 5: Appendices

### Appendix 1: Course Structure

Put the units in the order they are delivered.

Unit	Name(s) of teacher(s) delivering the unit	Unit requirements (any other requirements not mentioned above or elsewhere)	Workplace/ practical component (yes or no)	Number of Contact hours	Delivery Time Semester 1 or 2 and what Year		Compulsory or Optional (put C or O)
					S	Y	

## Appendix 2: Course Component/ Unit Descriptors

The following table should be completed for each component or unit.

UNIT DESCRIPTOR				
Unit & Title				
Level		Credit Value		Notional Hour Ratio Contact : Noncontact hour
Purpose				
Pre-requisite & Co-requisite				
Learning Outcomes or Elements & Performance Criteria				
Element		Performance Criteria		
<i>Elements describe the essential outcomes</i>		<i>Performance Criteria describe the performance needed to demonstrate achievement of the elements</i>		
Required Skills & Knowledge – Skills and Knowledge assumed to be in place (student already have) where applicable				
Required Skills				
Required Knowledge				
Delivery and Assessment Overview (where applicable)				
Critical aspects for assessment and evidence required to demonstrate competency in this unit				
Context of and specific resources for assessment				
Teaching Methods			Student to Teacher Ratio	
<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>			<ul style="list-style-type: none"> <li>•</li> </ul>	
Assessment Methods:		Assessment Tools:		Available Grades:
<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>		<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>		<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>
Requirements for successful completion				

### Appendix 3: Copyright and Qualification classification information

Please complete this section if there are imported units in the course of study.

1. Copyright owner of the Qualification	
2. Address	
3. Copyright acknowledgement	

### Authorisation

*(To be completed by the provider)*

<b>NAME OF COURSE OF STUDY:</b> <i>[type name of course in the space below]</i>	
In accordance with our policies and procedures, I endorse this application and authorise it to be submitted to the TNQAB.	
<b>Name:</b> .....	<b>Position:</b> .....
<b>Signature:</b> .....	<b>Date:</b> _____
	<b>Official Stamp:</b>

## Submitting the application form and supporting documents

Send applications to:

Tonga National Qualification & Accreditation Board  
Molisi City Central Bdg Level 1  
Nuku'alofa

Please submit the application form in electronic copies.

Please submit the **signed hard copy** of pages 4 and 11 of this application form and include any supporting documents in electronic copies (e.g. on disc or on a flash drive).

TNQAB will acknowledge receiving the application within two working days.

If you have any questions about this process please email [pauliasi@tnqab.to](mailto:pauliasi@tnqab.to)

TNQAB OFFICIAL USE ONLY	
Date Application Received at TNQAB:	
Date Accreditation Fees paid:	
Receipt #:	
Date of Board Decision:	
Board Decision: [please circle]	<ul style="list-style-type: none"><li><input type="radio"/> Approved [Full Accreditation]</li><li><input type="radio"/> Provisional approval [Accredit once requirements are met]</li><li><input type="radio"/> Not Approved [No Accreditation]</li></ul>













