



business growth

Accreditation / Re-Accreditation of ABE Courses Application Form (Form AC1)

Please tear out this form from your Accreditation Handbook and ensure that you complete all 5 pages before returning it to ABE at the following address:

Accreditation Department
ABE, 5th Floor, CI Tower,
St Georges Square,
New Malden,
Surrey KT3 4TE

Accreditation / Re-Accreditation of ABE Courses Application Form (Form AC1)

- The completion of this Application Form is a mandatory requirement for accreditation.
- Requisite documentation, where requested, must be attached. Without this documentation the accreditation process cannot be completed.
- The Accreditation Handbook must be read in conjunction with the completion of this Application Form.
- All questions containing options should have the appropriate option(s) circled.
- If there are difficulties or queries with this form, please refer to an ABE official before submitting the form. Incomplete forms will delay accreditation.
- ABE reserves the right to recover any additional information that may be pertinent to satisfactory accreditation

Organisation and Registration Details

Name of Organisation: _____

Address: _____

Date Established: _____

Tel No: _____ Fax No: _____

Email: _____ Website: _____

1. Address of administrative headquarters/registered office (if different to above).

2. Does the government of your country require teaching organisations to be registered?* Yes/No
If 'Yes' please state your registration number and attach a copy of the relevant documentation.

3. Are you accredited by any other organisation?* Yes/No
All UK Colleges must be accredited by BAC, ASIC or Accreditation UK.
If 'Yes' state by whom, giving registration number (if applicable) and contact details at that organisation.

4. _____ What is the legal status of the organisation? (Please circle as appropriate.)

Limited Company Partnership Trust

Partnership

Trust

Proprietorship

Unincorporated Company

State Funded Institution

Other (please specify)

***NB If Limited Company or Unincorporated Company please state registration number.**

We reserve the right to obtain references.

Organisation Premises

5. a) Are the premises owned or leased? If leased, how long is the remaining lease? Owned/Leased

- b) Does the organisation operate elsewhere under the same or another name? If 'Yes' please give details. Yes/No

c) Does the organisation intend to offer the ABE programme at any other site?

Yes/No

Organisation Management

6. Please state the name, title and qualifications of the head of the organisation.

7. Please state the name, title and qualifications of the Director of Studies/Head of Department.

8. Please state the name, title and qualifications of the ABE co-ordinator. Give their email and telephone details.

9. Please state the name and title of the person responsible for organising and monitoring delivery of ABE courses.

Programme Accreditation Details

10. Please list the ABE programmes and levels for which you seek accreditation:

11. Please indicate the method of programme delivery and hours involved. For each category state the number of weeks per year the course will run and the number of delivery hours per week, e.g. 20/12 indicates a 20 week course at 12 hours per week:

Programme/Qualification		Full Time	Part Time	Evening	Distance Learning	Combination
Business Management	Cert					
	Dip					
	Adv Dip					
Business Information Systems	Cert					
	Dip					
	Adv Dip					
Human Resource Management	Cert					
	Dip					
	Adv Dip					
Travel, Tourism and Hospitality Management	Cert					
	Dip					
	Adv Dip					
Marketing	Cert					
	Dip					
	Adv Dip					
Financial Management	Cert					
	Dip					
	Adv Dip					

12. Has the college been operational for a minimum of two academic years?
Please attach the last two years of exam results.

Yes/No

13. How many students do you expect to recruit to ABE courses this academic year?

14. Of these, how many do you expect to be:

a) Full time (15+ hours p.w.) _____

b) Part time (under 15 hours p.w.)? _____

15. Please list the courses offered by the organisation and the enrolment numbers for the current and the previous two academic years.*

Awarding body and date of accreditation (where appropriate)	Qualification	Contact at Professional Institute	Numbers for current academic year*	Intake previous academic year	Intake two academic years previously

***NB If applying before the start of an academic year, please estimate the expected enrolment, attaching appropriate evidence.**

Teaching and Learning Facilities

16. Are all courses currently offered listed in your prospectus?
Please attach a copy. Yes/No

17. How many teaching rooms does the organisation have?

18. Are all rooms equipped with:

- Whiteboard Yes/No
- DVD/video Yes/No
- Audio equipment Yes/No
- Heating and air conditioning? Yes/No

19. Are the following facilities available on site?

- A staff room Yes/No
- A student common room Yes/No
- A library/learning centre Yes/No
- Computer access for staff and students Yes/No

If 'Yes' please state the number of computers _____

How many of the computers are networked? _____

- Free internet access Yes/No
- Photocopying (free or otherwise) Yes/No
- Prescribed texts (free or otherwise) Yes/No
- Are any of the above facilities separately available to ABE students? Yes/No

If 'Yes' please state the number.

20. Will all ABE subjects be taught separately from other subjects? Yes/No
If 'No' please indicate how, and under what circumstances, ABE subjects will be combined with others.

Teaching Staff Details

21. Are all full time and part time teachers issued with a contract?
If 'Yes' please attach a copy. Yes/No
22. Please state the maximum number of teaching hours a member of staff can undertake per week.
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23. How much preparation time is expected from a member of staff teaching the maximum hours?
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Accreditation cannot be successfully completed without the following information:

24. Has a CV been attached for each member of staff delivering ABE courses? Yes/No
25. Does the CV show a minimum of qualifications, experience and responsibilities? Yes/No
26. Has an authenticated copy of a degree/teaching qualification (signed by the Principal) been attached for each member of the delivery staff? Yes/No

Student Support

27. Is the student assessed/graded on first contact?
If 'Yes' please attach examples of such tests. Yes/No
28. State the name and title of the Student Welfare Officer.
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29. What action is taken to ensure student attendance?
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Please attach any policy statements/documentation relating to procedure in regard to absentee students.
For UK colleges only please attach copies of correspondence with Home Office regarding absences by non-UK nationals.

30. State the organisation's policy on fee return to students in the event that the organisation fails to run the stated course, begins then discontinues or postpones an ABE course (please attach a copy of any public statements on this matter).
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31. What facilities are available to students with physical or other impairments?
Attach evidence where possible.
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Publicity

32. How will the organisation announce the introduction/continuance of ABE courses (please attach supporting statements/materials)?*
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33. Please indicate how the organisation will market ABE programmes after accreditation (e.g. newspaper adverts, journals).**

34 Please indicate how the organisation first heard about or was introduced to ABE (e.g. event, web search, word of mouth)

***NB All publicity material employing the ABE name and logo must be referred to the Marketing Manager at ABE prior to use, throughout the period of accreditation.**

****Until accreditation is formally received, organisations should not employ the ABE logo in their promotional or public literature (including their website).**

Signature of Head/Principal of Organisation

I acknowledge that I have read and understood all requirements of this application and have attached all appropriate documentation, as requested. I have also read, understood and agree to the conditions in the Accreditation Handbook.

Name: _____

Signature: _____

Date: _____

Accreditation fee of £ _____ enclosed?

Yes/No

(This fee must be enclosed before accreditation can begin.)

Please tick to ensure the following have been included, as failure to do so may delay accreditation:

- | | |
|---|--|
| <input type="checkbox"/> Completed and signed form | <input type="checkbox"/> Evidence of enrolments/recruitments |
| <input type="checkbox"/> Accreditation fee | <input type="checkbox"/> Publicity material if available |
| <input type="checkbox"/> Relevant staff details | <input type="checkbox"/> Prospectus (latest copy) |
| <input type="checkbox"/> Copy of government and accrediting organisation(s) certification | <input type="checkbox"/> Copies of past exam results |

Return application to: 5th Floor, CI Tower
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