

**TONGA NATIONAL QUALIFICATIONS  
AND  
ACCREDITATION BOARD**



**APPLICATION FORM & TEMPLATES  
FOR  
POST COMPLUSORY EDUCATION AND  
TRAINING PROVIDER REGISTRATION**

**Name of Provider:**

**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)

#### Provider Registration

Existing   
New

#### Course

Existing   
New

#### Provider Accreditation

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

A. Provider Details		
Name of education and training provider		
Type of body corporate		
Physical address of education and training premises		
Postal address		
Governing body		
B. Contact Details		
Contact person		
Position		
Telephone number(s)		
Facsimile number		
Email address		
Mobile Phone		
C. Scope of Registration		
<ul style="list-style-type: none"> <li>List all qualifications and short courses the organisation is delivering or intend to deliver</li> </ul>		
D. Intended Student Profile		
Indicate in these boxes the estimated number of students in each age group that are likely to enrol in your organisation's programmes and short courses during the next calendar year	21 years and over	
	18–20 years	
	14–17 years	
	14 years and under	

## 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 Board Act 2004 and of Tonga National Qualifications and Accreditation Board 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: Educational System Approval

### Element 1.1:

**The provider or its governing body is a legally established or recognised enduring body**

#### Evidence the applicant is a Legally established

To be registered as a PCET provider, the organisation must be one of the following:

- Government of Tonga Ministry or Department or Public enterprise
- Body Corporate – charitable trust. an incorporated society or a company

*Legal Status of the organisation:*

*Please provide applicable ITEM*

*Provided  
(Delete one)*

A Government Ministry or Department or Public Enterprise

Yes/No

A company registration certificate, certificate of incorporation or other document recognising the applicant's legal status as a body corporate

Yes/No

**If the body corporate has been incorporated for more than one year  
The most recent Annual Return to the Registrar of Companies or the Registrar of Societies must accompany the application**

Yes/  
Not  
applicable

**If the body is a limited liability company  
Details of any changes to the company's capital structure, shareholding, directors or secretary that may have taken place since the most recent return was filed**

Yes/  
Not  
applicable

List the supporting documents provided:

Document Number

Name of Document

Document Number	Name of Document

### Element 1.2:

**The provider has measurable goals and objectives for education and training.**

#### A statement of the education the applicant proposes to provide

A *Information about the kind of education proposed*

See section 3 of the *Guide for Educational approval* for further details.

Kind of education the provider proposes to provide	
Educational outcomes the provider seeks to achieve	
Profile of intended students	
Profile of relevant communities and key stakeholders	

*B Meeting student and stakeholder needs*

Provide a written statement about how the proposed provider will meet the needs of students and key stakeholders. This must include the processes used to identify the needs of students and stakeholders (e.g. any consultation) and how the provider will ensure it continues to identify and meet these needs.

If the statement is longer than a page of text, please include the electronic or hard copy of the statement with the application.

Written statement:

*C Implementing the proposed education*

To show how the applicant will implement the proposed education, provide a business plan (or any plan) that covers:

- the development and delivery of the programmes or training schemes the applicant will provide
- a coherent assessment and moderation system
- resources for education provision (e.g. staff, equipment, premises)

- proposed financial practices and projected performance.

If the business plan is longer than a page of text, please include the electronic or hard copy of the plan with the application.

Business plan:

### Element 1.3:

**The provider has a coherent, documented quality management system (QMS) of policies and procedures.**

#### Quality management system policies and procedures

All applicants need to demonstrate that they have a comprehensive and appropriate quality management system that applies across the important aspects of its business.

Please provide a copy of the proposed PTE's quality management system that includes policies and procedures on the following:

Aspect of Quality Management System	Covered (delete one)
Organizational internal quality audit (self-assessment)	Yes/No
Decision-making, financial delegations, and financial controls	Yes/No
Personnel recruitment and management	Yes/No
Information management, including: <ul style="list-style-type: none"> <li>• systems for student records</li> <li>• information for government agencies</li> </ul>	Yes/No
Enrolment	Yes/No
Management of risk	Yes/No
Student complaints, student discipline and appeals	Yes/No
Student fee protection	Yes/No
Policy of off-site practical and workplace components	Yes/No

Policy for teaching/ training & learning practices & assessment & moderation & filing	Yes/No
List the supporting documents provided:	
Document Number	Name of Document

#### Element 1.4:

**The provider has adequate and appropriate governance and management to achieve its goals and objectives**

#### Names of the governing members of the PTE

Provide a list of the proposed governing members of the proposed PTE and evidence that all proposed governing members are fit and proper persons to be a governing member. This includes a declaration of any conflicts of interest proposed governing members may have.

Name of governing member and known as name	Role	Contact details

#### Information regarding staff, equipment and premises

The proposed provider needs to have adequate staff, equipment and sites/premises by the time delivery starts.

To give TNQAB sufficient information to ensure this, please provide TNQAB with the following:

Item	Attached (delete one)
Organisation chart showing all staff positions in the provider	Yes/No
Number of staff ( <i>delete one</i> anticipated/actual)	Yes/No
Curriculum vitae and position descriptions of senior managers	Yes/No
Lists of adequate and appropriate resources and equipment for the intended courses of study or short courses	Yes/No
An acquisition plan with budget, where the resources are not already in place	Yes/No
Details of all permanent sites/premises which will be used for delivery, including: <ul style="list-style-type: none"> <li>location</li> </ul>	Yes/No



<ul style="list-style-type: none"> <li>a site or building map, or a description, that indicates the size of each classroom/workshop learning venue and numbers of students each would accommodate</li> <li>a description of the facilities, including staff and student facilities, such as the number and gender of toilets, student common room and kitchen, offices and staff space available, and including facilities for secure storage of student records</li> <li>evidence that the new site will comply with the statutory requirements relating to its use. This evidence must include relevant policies and procedures, a health and safety check of the site, confirmation from the relevant authority that the zoning is appropriate for an educational organisation, and, if applicable, the Building Warrant of Fitness</li> <li>evidence that the PTE has or will have a right to occupy or use the premises or other teaching and administration sites before instruction commences i.e. a copy of the lease or tenure agreement OR a copy of the ownership papers</li> </ul>	
The location of any temporary sites/premises that will be used for delivery	Yes/No
List the supporting documents provided:	
Document Number	Name of Document
<p><b>Evidence of acceptable financial management practices and performance</b></p> <p>TNQAB needs to be satisfied that the provider has a sound financial basis and is likely to be financially stable.</p> <p>To give TNQAB sufficient information to ensure this, please provide the following:</p>	
<b>Item</b>	<b>Attached (delete one)</b>
A two-year financial forecast, with clear explanations of the basis for the statement of financial position <i>Please provide this as a spread-sheet in an electronic format</i>	Yes/No
If the provider is already operational The most recent Annual Report and a full set of financial statements, including, as appropriate, its <ul style="list-style-type: none"> <li>annual operating budget</li> <li>statement of financial position</li> <li>financial performance and cash-flows</li> <li>forecasts</li> </ul>	Yes/ Not applicable
If the provider is getting outside funding	Yes/ Not

A statement from a funding body	applicable
List the supporting documents provided:	
Document Number	Name of Document

### Information intended for prospective students

Prospective students need to be given sufficient information about the PTE and the education it delivers to make an informed decision.

Please provide the following:

Item	Attached (delete one)
The provider's written statement to prospective students, such as an offer of enrolment or an enrolment contract, that shows: <ul style="list-style-type: none"> <li>detailed costs and financial commitments for prospective students</li> <li>entry and selection criteria for relevant courses</li> <li>fee refund entitlements if students withdraw from the course or short course</li> </ul>	Yes/No
A draft or sample of the provider's advertising material	Yes/No

List the supporting documents provided:

Document Number	Name of Document

### Information about how the provider will provide Student Fee Protection

A *Arrangements for Student Fee Protection*

These s are options for arranging the protection of student fees.

- trust account (standard or static)
- bank bonds
- insurance (student-based insurance)
- deferred payment
- company or parent body guarantees.

Indicate the student fee protection mechanism the applicant proposes to use:

**B Student Protection Fee trustees**

List any student fee protection trustee and provide evidence that the person named will accept the appointment as a trustee if PCET Provider registration is granted by TNQAB.

For each proposed trustee, complete a table:

**Add or delete tables as needed.**

First name		
Last name		
'Known as' name(s) (if applicable)		
Confirmation of acceptance	Attached	Yes/No (delete one)

**Element 1.5:**

**The provider's name is appropriate and does not mislead learners about the nature of the organisation**

*It is an offence to use the terms protected under the Law as part of any organisation name.*

*The protected terms are:*

- *Tonga*
- *National*
- *International*
- *University*

*To use any protected terms, relevant authority must approve prior to using the protected terms.*

*An approval to use a protected term is just a permission to use a term protected by law **NOT** a permission to operate as a PCET Provider providing education and training. **TNQAB only**, will grant permission to provide education and training in Tonga as a Registered PCET Provider.*

*Please provide the following:*

Item	Attached (delete one)
<ul style="list-style-type: none"> <li>• Proposed name of the provider</li> <li>• Signed approval letter from relevant authority specifying the <b>PROTECTED TERM(S)</b> approved to use by the provider or organisation</li> </ul>	Yes/No

## 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 and 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 OR 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. International <b>Comparability</b>	<p>This course of study is comparable to:</p> <p>Please provide link(s) or how to access to the above mentioned qualification(s) or course(s) of study</p>

<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>Facilities and equipments 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)	Where applicable: <ul style="list-style-type: none"> <li>MOU specifying responsibility of each party</li> </ul> MOU provided (yes/ no delete one)

## 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.

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

### 4.2: Physical Resources

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

### 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 Code	Name(s) of teacher(s) delivering the unit	Unit requirements (any other requirements not mentioned above or elsewhere)	workplace 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				
Elements		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)*

NAME OF COURSE OF STUDY:	
<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.	
Name: .....	Position: .....
Signature: .....	Date: _____
	Official Stamp:

### 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 **signed hard copy** of pages 4 and 19 and this application form and include any supporting documents in hard or 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	
<b>Date Application Received at TNQAB:</b>	
<b>Date Accreditation Fees paid:</b>	
<b>Receipt #:</b>	
<b>Date of Board Decision:</b>	
<b>Board Decision: [please circle]</b>	<ul style="list-style-type: none"> <li><input type="radio"/> <b>Approved [Full Accreditation]</b></li> <li><input type="radio"/> <b>Provisional approval [Accredit once requirements are met]</b></li> <li><input type="radio"/> <b>Not Approved [No Accreditation]</b></li> </ul>





