APPLICATION FORM FOR APPROVAL/ACCREDITATION (Form B9)

IMPORTANT: Please ensure all relevant sections on this form are completed - using additional paper if necessary - and include it with the application documentation sent to ITP Quality

JOB REFERENCE NUMBER: (For ITP Quality Use Only)	
contact details name: title: email: phone:	Polytechnic/Institute of Technology applying for approval/accreditation: ———— FACULTY OR DEPARTMENT applying for approval/accreditation: ———————————————————————————————————

(A) SCOPE AND LEVEL OF ACCREDITATION (applied for)

There are three types of application which ITP Quality may consider (note, institutions may apply for more than one category together):

- **1.** Approval of a provider <u>(local)</u> <u>programme</u> and accreditation to deliver the programme.
- **2.** Accreditation to deliver an approved programme (approved previously to another provider).
- **3.** Accreditation to assess against <u>unit standards</u> registered on the NQF in order to deliver programmes based on unit standards (this may include local polytechnic programmes and/or national programmes registered on the NZQA National Oualifications Framework (NOF).

Please record the details of your application in the following table (s):

- Applications for accreditation for NQF unit standards may be affected by registered Accreditation Action Plans. Special requirements listed in the AMAP <u>must be addressed</u> as part of your application. Contact with the relevant SSB(s) at the earliest opportunity is <u>strongly advised</u>.
- Please note that full and complete application documentation must be lodged with ITP Quality before processing of the application may begin (i.e. panellists, visit date and so on).

PLEASE SEND APPLICATIONS TO:-

Peter Scanlan
Director ITP Quality
Level 12, St. John House
114 The Terrace
[PO Box 10-344]
WELLINGTON

POLYTECHNIC LOCAL PROGRAMME (Please complete a separate table for each programme you are seeking approval and/or accreditation for)		
Title of Programme		
Title of Qualification		
Level	Credits	
Subject Classification (NZSCED)		
Outcome Statement		
Content		
Entry requirements		
*if Less than 40 credits please state award students receive upon completion		
✓ Please complete checklist	(as appropriate):	
Application made und	der 'Focus'' Audit provision (evidence of Academic Board approval attached)	
This is an approved programme (to another provider) and I just need accreditation to deliver it.		
ITP Quality Approved documentation.	al/Accreditation criteria (as appropriate) have been addressed in the	
Previous NQF accredit	ation awarded in related areas (as specified below):	

NATIONAL QUALIFICATIONS FRAMEWORK	DETAILS
<u>Example:</u> * SUB-FIELD (S) applied for (and to what l SUB-FIELD: Horticulture (1-5	level):
* <u>FIELD (S)</u> applied for:	* <u>To Level</u> :
* <u>SUB-FIELD (S)</u> applied for:	* <u>To Level</u> :
* <u>DOMAIN (S)</u> applied for:	* <u>To Level</u> :
* <u>UNIT STANDARD (S)</u> applied for:	* <u>At Level</u> :
The relevant registered AMAPs have been addressed for the a	above scope of application.
There is no AMAP for the above scope of application. Copies of Polytechnic's QMS (abbreviated) enclosed.	
B) DELIVERY AT TEACHING SITES (other than the main camp	<i>us)</i> please ✓ Yes □ No □
you intend to deliver the programme at teaching sites other that eaching sites below:	an the main campus, please specify
Other Teaching Sites: (Included Within Polytechnic Central Manag	gement or rented property)

Consortium arrangements are teaching arrangements with other training providers. These other providers must be specified for accreditation purposes.
<u>NB:</u> Please note that ITP Quality will require a signed copy of the Memorandum Of Understanding with any consortium partners. The MOU must specify the responsibilities of each partner under the accreditation criteria.
Please check: ✓ Copy of signed Memorandum of Understanding attached
Specify Consortium Partners:
ADDITIONAL COMMENTS:

please ✓

Yes 🗖 No 🗖

ACCREDITATION FOR CONSORTIUM ARRANGEMENTS

(C)