



Mauritius Qualifications Authority

(Established under the Mauritius Qualifications Authority Act 2001)

Please read carefully the General Notes on Page 4 before filling this form

Application form for Approval of Non-Award Course

Training Institution

Organisation

(Please tick as appropriate)

A. Applicant's Details

Name of Registered Training Institution / Organisation: *(Please delete as appropriate)*

Correspondence Address:
(in block letters)

Site of Training: 1.
 2.

Phone No.- Office:..... Home :..... Mobile: Fax :.....

Email address :

B. Course Details Requirements

Course Title:

Course Objectives / Learning Outcomes:.....

Profile of Participants:.....

Course Type: Public *(not applicable for enterprise)* Tailor-made

(Note: Only Registered Training Institutions are allowed to offer training to the public)

C. Course Delivery Requirements

| | |
|--|------------------------------------|
| Training Approach <i>(Please tick where appropriate)</i> | |
| Classroom <input type="checkbox"/> | Workplace <input type="checkbox"/> |
| Others (please specify): | |

D. Duration of Course

| | | |
|---|-----------------------|-------------------|
| Theory (hrs) | Practical (hrs) | Total (hrs) |
| Proposed Launch Date:...../...../..... | | |
| <i>(Time table with venue should be submitted prior to delivery of course for each run)</i> | | |

E. Course Fee

| |
|--|
| (i) Course fee per participant <i>(Not applicable for enterprise)</i> or |
| (ii) Group course fee for an indicative group size of |
| <i>(Please write "Nil" if course is free of charge)</i> |

F. Facilities relevant to the Course *(please tick where appropriate)*

| | | |
|---|--|--|
| Computers <input type="checkbox"/> | White Board <input type="checkbox"/> | Resource Centre <input type="checkbox"/> |
| Photocopying Facility <input type="checkbox"/> | Projector <input type="checkbox"/> | Laboratory <input type="checkbox"/> |
| Multimedia Facility <input type="checkbox"/> | Relevant Software <input type="checkbox"/> | |
| Others <i>(please specify)</i> : | | |
| <i>(Please attach relevant additional list)</i> | | |

G. Course Outline (Please attach sheets in the same format for any additional topics)

| SN. | Topics | Duration (hrs/min) | Name of Trainer/s* (if foreign trainer, please attach CV) |
|------------|---------------|---------------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |

In case of a pool of trainers, the names of trainers should be submitted to the MQA prior to start of course.

Checklist

Duly filled in application form should be accompanied by the following:
(Please tick as appropriate)

| Processing fee (Rs 600) for Application for approval of course | Yes | No | For Office Use |
|--|-----|----|----------------|
| | | | |

This form together with attachments should be submitted to:

**The Director
Mauritius Qualifications Authority
IVTB Compound
Pont Fer
Phoenix**

It is an offence to give false or conceal information in this form.

I declare that the particulars in the application and in the sheets attached thereto are true to the best of my knowledge and belief.

Name:

Signature:..... **Designation:**..... **Date:**...../...../.....

General Notes

- This form should be filled in after consultation of the Quality Assurance (QA) Standard which is available at the MQA office or which can be downloaded from MQA website at <http://www.mqa.mu>
- Application will be processed upon payment of the non refundable fee of Rs 600.
- This form is applicable to **training institutions or enterprises** intending to offer **non-award** courses locally.
- Incomplete, inadequate or inaccurate filling of the application may result in the application being rejected.