**MQA/QAF/AUC/Ver 2.2**

**Authorisation of Change**

**15 October 2021**



# A. Applicant’s Details

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

……………………………………………………………………….……………………….…………………….

**Physical Address of Training Institution/Organisation**

**(***in block letters):* ………………………………………………………………………………

…………………………………………………………………………………….

Name of Manager

*(in block letters)*:

………………………………………………………………………………...................

Name of Programme Officer ………………………………………………………………………………....

*(in block letters)*:

Registration Period of Training Institution: up to: ………./………./………

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

Email address:………………………………………………………………

Website: .................................................................................................

Please tick **(**✔**)** area/s where changes are being brought for and attach supporting evidence/s.



|  |  |  |
| --- | --- | --- |
|  | **Tick (**✔ **)** | **For office use only** |
| Change in ownership *(submit list of shareholders)* |  |  |
| Change in Legal status (*submit evidence*) |  |  |
| Change in name of training institution *(submit amended BRC and**Certificate of Change of Name)* |  |  |
| Change in location *(submit Fire Clearance Certificate, site plan and**layout of premises)* |  |  |
| Change in training facilities (*submit evidence*) |  |  |
| Change in Manager *(submit profile and documents as per annex 1)* |  |  |



|  |  |  |
| --- | --- | --- |
| Change in Programme Officer *(submit profile and documents as per**annex 2)* |  |  |
| Change in trainers *(submit profile and documents as per annex 3)* |  |  |
| Change in course title *(submit justification and details)* |  |  |
| Change in course structure/duration *(submit justification and details)* |  |  |
| Change in course fees *(submit justification and details)* |  |  |
| Change in existing partnership, licensing or franchising arrangements(*submit evidence*) |  |  |
| Change in site of delivery (*submit evidence*) |  |  |
| Changes in entry requirements (*submit evidence*) |  |  |
| Change in delivery mode (*submit evidence*) |  |  |
| Any other significant change/s *(please specify)* |  |  |

**Please attach the following with the application form:**

Relevant documents and information with respect to change/s Application fee of Rs 1000/-

*(Please tick as appropriate)*

This form together with attachments and accompanied with the payment for processing fee 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 form 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 Framework which is available at the MQA office or which can be downloaded from MQA website at [http://www.mqa.mu](http://www.mqa.mu/)
* Application will be processed upon payment of the non refundable fee of Rs 1000/-. The payment of application fee can be effected at the MQA’s cash counter either by cash or by cheque drawn in favour of the Mauritius Qualifications Authority accompanied with the application form and the relevant attachments.
* Incomplete, inadequate or inaccurate filling of the application form may result in the latter being rejected.

# Annex 1: Profile of Manager

**MNIC**

**No:**

**Title **  

**Surname:** ………………………………………………………………………………

*(in block letters*)

**Other Name/s:** ………………………………………..……………………………………..

*(in block letters)*

**Residential Address:**

**Contact Details: Highest Qualification/s:**

**Training/Teaching/ Managerial experience:**

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# List of Documents to be submitted:



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| --- | --- | --- | --- |
| **MANAGER:** | **Yes** | **No** | **For Office use only** |
| Valid Certificate of Character |  |  |  |
| Photocopy of Mauritius National Identity Card (MNIC) |  |  |  |
| Copy of Highest Qualification/s |  |  |  |
| Health Clearance Certificate |  |  |  |
| Evidence of 5 years training/teaching/managerial experience |  |  |  |
| Work/Residence/Occupation Permit (applicable for Foreign Nationals) |  |  |  |
| Photocopy of passport (applicable for Foreign Nationals) |  |  |  |

**Annex 2: Profile of Programme Officer**

**MNIC**

**No:**

**Title **  

**Surname:** …………………………………………………………………………….

*(in block letters*)

**Other Name/s:** ……………………………………………………………………………

*(in block letters)*

**Residential Address:**

**Contact Details: Highest Qualification/s:**

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**Training Experience:** ……………………………………………………………………………

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# List of Documents to be submitted:



|  |  |  |  |
| --- | --- | --- | --- |
| **PROGRAMME OFFICER:** | **Yes** | **No** | **For Office use only** |
| Valid Certificate of Character |  |  |  |
| Photocopy of Mauritius National Identity Card (MNIC) |  |  |  |
| Health Clearance Certificate |  |  |  |
| Work/Residence/Occupation Permit (applicable for Foreign Nationals) |  |  |  |
| Photocopy of passport (applicable for Foreign Nationals) |  |  |  |
| Copy of Highest Qualification/s |  |  |  |
| Evidence of 2 years training experience |  |  |  |

**Annex 3: Profile of Trainer**

**MNIC**

**No:**

**Title **  

**Surname:** ……………………………………………………………………………...........

*(in block letters*)

**Other Name/s:** ……………………………………………………………………………………

*(in block letters)*

……………………………………………………………………………………

**Residential Address:**

**Contact Details: Qualification/s:**

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Home: ………………….. Mobile: ………………… Email: …………………

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**Work Experience:** ……………………………………………………………………………………

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# List of Documents to be submitted:



|  |  |  |  |
| --- | --- | --- | --- |
| **TRAINER:** | **Yes** | **No** | **For Office use only** |
| Copy of qualifications |  |  |  |
| Photocopy of Mauritius National Identity Card (MNIC) |  |  |  |
| Evidence of work experience |  |  |  |
| Work/Residence/Occupation Permit (applicable for Foreign Nationals) |  |  |  |
| Photocopy of passport (applicable for Foreign Nationals) |  |  |  |