

Annexe 2

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There are six steps in the process of becoming a Registered Provider of HETAC Awards.

- 1 Institution makes enquiry
- 2 Institution submits application
- 3 Determination of basic eligibility
- 4 General Application Evaluation for Institutional Approval.
- 5 Accreditation of a programme of education or training
- 6 Decision by Council

Only on successful completion of the final step, namely Council decision following *accreditation* of a programme, does an applicant institution become a HETAC Registered Provider.

Please complete all the questions hereunder in full. You may attach any documentation you regard as relevant to this application.

- 1 Name of Institution/Applicant Provider (Legal name & trading name if different):

- 2 Name of Head of Institution: _____
- 3 Title of Head of Institution (Ms/Mr/Dr/Professor/Rev/etc.): _____
- 4 Designation of Head of Institution (President, Director, CEO, etc.): _____
- 5 Address: _____

- 6 Address(es) of locations where proposed education and/or training will be offered (*normally one or more site visits will be required during the evaluation process*):

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7 Telephone Numbers: _____

8 Mobile Telephone Number: _____

9 Fax Number: _____

10 Email Address for Head of Institution: _____

11 Name of Person with overall responsibility for Education and/or Training in the institution:

12 Title of Head of Education and/or Training (Ms/Mr/Dr/Professor/Rev/etc.):

13 Designation of Head of Education and/or Training (e.g. Registrar, etc.):

14 Telephone Number: _____

15 Mobile Telephone Number: _____

16 Email Address: _____

17 Which of the following best describes your institution?

Primarily dedicated to education and training

or

Education and training is secondary to the primary functions of the organisation

18 Which of the following best describes your institution?

Operates on a not-for-profit basis

or

Operates on a commercial and profit-making basis

19 Please also indicate which of the following describes your institution, you may choose more than one option:

a. Body established by Government or Minister other than Minister for Education and Science

b. Semi-State Body

c. College

d. Training organisation

e. University

f. Other, if other please specify _____

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20 Please provide, as relevant, your :

a	Company Registration No.	
b	PAYE No./PRSI No.	
c	VAT Registration No.	
d	Charity No.	
e	<i>Current</i> Tax Clearance Cert No. and date of expiry	
f	Irish Copyright Licensing Agency Licence ID No.	

21 Please provide a history/overview of your institution. Include in this section any and all information relating to:

- (i) origin;
- (ii) current address(es) and trading names, and all previous names and locations;
- (iii) any parent, subsidiary or associated companies;
- (iv) directors, shareholders, structure/board;
- (v) present or past relationships with other higher education or further education or training providers or accrediting bodies;
- (vi) recognition or accreditation by national ministries of education or quality assurance agencies;
- (vii) links with professional bodies (include on separate page if necessary).
- (viii) number and locations of Irish campuses, or sites of delivery
- (ix) formal or informal educational collaborations with organisations in Ireland, including service teaching arrangements or arrangements regarding intellectual property
- (x) formal or informal educational collaboration with organisations outside of Ireland, including service teaching arrangements or arrangements regarding intellectual property

22 Please indicate

- a. What level and award-type in the National Framework of Qualifications are the programmes you wish to submit in the short term?
- b. What is the credit level of each of the programmes you wish to submit (approximations are acceptable for Special Purpose or Minor Awards)?
- c. How many programmes do you expect to submit for accreditation immediately?
- d. How many programmes do you expect to submit for accreditation in the next five year period?

23 Please state briefly why you have chosen HETAC as your potential awarding body:

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- 24 Please provide the name and contact details of the person responsible for managing this application to become a HETAC provider, if this is not the individual mentioned in answer 11 above.

25 On behalf of _____ <<Name of Provider>>, I agree that, should HETAC agree quality assurance policies and procedures with my institution, and subsequently accredit programmes, we shall publish our policies and procedures in full on our institution's website.

Furthermore, I consent to HETAC conducting relevant enquiries with other agencies, including the Company Registration Office, Data Protection Commissioner, professional/ accreditation bodies, An Garda Síochána (including GNIB), the Revenue Commissioners and comparable agencies in other jurisdictions.

In terms of Section 43 of the Qualifications Act 1999, I declare that the above institution is:

- a) Exempt from statutory Learner Protection (i.e. the institution does not offer programmes “on a commercial and profit-making basis”);

or

- b) Not exempt from Learner Protection and intends to take out a financial bond to protect any registered learners and their fees should the institution cease to provide the programme on which the learners are registered;

or

- c) Not exempt from Learner Protection and intends to enter an agreement with two other providers to enable learners to complete their programme with one of these providers should the institution cease to provide the academic programme on which the learners are registered.

Authorised Signatory: _____

Printed Name: _____

Date: _____

Send the completed form to:

Provider Registration, HETAC, 26-27 Denzille Lane, Dublin 2, Ireland

Please also email a softcopy of the form to: newprovider@hetac.ie

Please email any queries to: newprovider@hetac.ie or telephone: +353 1 631 4567