

NATIONAL COUNCIL FOR HIGHER EDUCATION

**APPLICATION FOR REGISTRATION**

**AS**

**PRIVATE HIGHER EDUCATION INSTITUTION**

**Higher Education Act, 2003 (Act No. 26 of 2003)**

**(Section 25, Regulation 3)**

|  |  |
| --- | --- |
| **NAME OF THE APPLICANT:** | **DATE:**  |

**NB: Consult the guide for completion**

1. **ADMINISTRATIVE DATA**
2. **Name of applicant**

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1. ***Domicilium citandi et executandi* and contact details of applicant (main campus)**

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| Physical address: |
| Postal address: |
| Telephone no: |
| Fax no: |
| E-mail address: |
| Website address: |

1. **(a) Particulars of authorised contact person**

|  |  |
| --- | --- |
| **Name & Surname** | **Designation (e.g. Vice Chancellor, Rector, Principal, Managing Director, etc.)** |
|  |  |

**(b) Contact details of authorised contact person**

|  |
| --- |
| Physical address: |
| Postal address: |
| Telephone no: |
| Cellular phone no: |
| Fax no: |
| E-mail address: |

1. **Address and contact details of satellite campus/es (if any)**

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| --- | --- | --- | --- | --- | --- |
| **Name** | **Physical Address** | **Postal Address** | **Telephone No.** | **Fax No.** | **E-mail Address** |
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**B. PARTICULARS OF INSTITUTION AND GOVERNANCE PARTICULARS**

1. **Official trading name, abbreviation, acronym or translation**

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1. **Type of person**

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1. **Registration number (Authorised Ministry)**

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1. **Particulars of Management**
2. Person in charge of institution (e.g. Vice-Chancellor, Rector, Principal, Managing

 Director, etc.)

1. Title, Name and Designation

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1. Identity number (passport number and citizenship, if not Namibian)

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1. Telephone number(s) including cellular phone number(s)

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1. Fax number

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1. E-mail address

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1. Postal address

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1. Details of applicant’s current management team

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| --- | --- | --- | --- | --- | --- |
| **Surname & Initials** | **Title** | **Designation** | **Identity No.** | **Passport No. and citizenship, if not Namibian** | **Telephone No.** |
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1. **Other organisation to which applicant is subordinate**

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**10. Relationship of the other organization to the applicant (e.g. holding company/parent**

 **institution)**

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**11. Collaboration with other higher education institutions (attach proof)**

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| --- | --- |
| **Name of Institution** | **Type of Collaboration** |
|  |  |
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**12. Particulars of owners (directors or trustees)**

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| --- | --- | --- | --- | --- |
| **Surname & Initials** | **Title** | **Citizenship** | **Identity No./Passport No.** | **Telephone No.** |
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**13. Details of applicant’s auditor/accountant**

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| **Name**  | **Registration number** |
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**14. Tax and business registration details of applicant**

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| **VAT Registration Number** | **Income Tax Number** | **Business Registration Number** |
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**C. PARTICULARS OF LEARNING PROGRAMMES**

**15. (a) Programmes submitted to NCHE for accreditation for which applicant provides or proposes to provide**

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| **Name of Programme** | **NQF Field** | **NQF Level** | **Entry Requirement (e.g. Grade 12, Honours)** | **Mode of delivery** | **Minimum Duration** | **NQA Certification Number\*** | **Proposed Location** | **Student Enrolment (Headcount)\*** | **Total** |
| **Region** | **Town** | **Physical Address** | **Year 1** | **Year 2** | **Year 3** | **Year 4** |  |
| **Contact** | **Online** | **Distance** |
| **Full-time** | **Part-time** | **Full-time** | **Part-time** |  |
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| **Total** |  |  |  |  |  |  |

**\*Only applicable for Qualifications registered on the Namibia NQF**

**\*Cumulative**

**15. (b) Higher Education programmes for which applicant provides or proposes to provide support on behalf of another institution**

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| **Name of Programme** | **NQF Field** | **NQF Level** | **Entry Requirement (e.g. Grade 12, Honours)** | **Mode of Delivery** | **Minimum Duration** | **Certifying Institution** | **Certifying Institution Accreditation Certification Number** | **Nature of Support** | **Proposed Location** | **Student Enrolment (Headcount)\*** | **Total** |
| **Region** | **Town** | **Physical Address** | **Year 1** | **Year 2** | **Year 3** | **Year 4** |  |
| **Contact** | **Online** | **Distance** |   |   |   |   |   |   |   |  |
| **Full-time** | **Part-time** | **Full-time** | **Part-time** |  |   |   |   |   |   |   |   |  |
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|  **Total** |  |  |  |  |  |  |

**\*Cumulative**

**D. STUDENT DATA**

**16. Total students registered (existing institution) or expected to be registered (new**

**institution) during the first four years of operation**

|  |  |
| --- | --- |
|  | **Number of Students\*** |
| **Students** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Grand Total** |
| **M** | **F** | **Total** |
| **Contact** | Full-time |  |  |  |  |  |  |  |
| Part-time |  |  |  |  |  |  |  |
| **Online** | Full-time |  |  |  |  |  |  |  |
| Part-time |  |  |  |  |  |  |  |
| **Distance** |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |

**\*Cumulative**

**E. STAFF DATA**

**17. (a) Total staff employed (existing institution) or expected (new institution) to be**

**employed during the first four years of operation**

|  |  |
| --- | --- |
|  | **Number of Staff\*** |
| **Type of Staff** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Grand Total** |
| **M** | **F** | **Total** |
| **Academic**  |  Full-time |  |  |  |  |  |  |  |
|  |  Part-time |  |  |  |  |  |  |  |
| **Support** |  Full-time |  |  |  |  |  |  |  |
|  |  Part-time |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |

**\*Cumulative**

**17. (b) Details of staff employed (if available)**

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| --- | --- | --- | --- | --- | --- |
| **Surname & Initials** | **Title** | **Designation** | **Citizenship** | **Identity No./Passport No.**  | **Telephone No.** |
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**18. Qualifications & experience of academic staff employed or to be employed**

1. **State qualifications of academic staff**

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| --- | --- |
|  | **Number of Staff\*** |
| **Type of staff** | **Diploma** | **Degree** | **Masters** | **PhD** | **Grand Total** |
|  |  |  |  | **M** | **F** | **Total** |
| **Full-time staff** |  |  |  |  |  |  |  |
| **Part-time staff** |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |

**\*Cumulative**

1. **State relevant experience of academic staff**

|  |  |
| --- | --- |
|  | **Number of Staff\*** |
| **Type of staff** | **0-5 years** | **6-10 years** | **11-15 years** | **16+ years** | **Grand Total** |
|  |  |  |  | **M** | **F** | **Total** |
| **Full-time staff** |  |  |  |  |  |  |  |
| **Part-time staff** |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |

**\*Cumulative**

**DOCUMENTS TO BE ATTACHED**

1. **The following information should accompany the Application Form as Annexures**:

**Annexure A**: Non-discrimination Declaration

**Annexure B**: Quality Assurance and Monitoring Declarations

1. **The following proofs, documents, reports and certificates should accompany the Application Form:**

**Annexure C**: Financial Viability Documents

* + Audited Annual Financial statements
	+ Business Plan and Audited Three-year Financial Forecast/Budget (not in operation)
	+ Surety Letter
	+ Shareholders Certificate

**Annexure D**: Registration documents/certificates

**Annexure E:** Inter-Institutional Agreements

**Annexure F:** Information on the institution

**Annexure G:** Additional Information for foreign applicants only