



FIJI HIGHER EDUCATION COMMISSION

APPLICATION FOR/ RENEWAL OF REGISTRATION

(Sections 18 and 32 of the Act and regulation 16)

Name of Institution	
Type of Institution	
Recognition Number of Institution	

Category of Institution (Please choose a number from the table at the back of this form)	
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APPLICATION CHECKLIST

- Completed Application form for Registration
- Documents mentioned in Annex 1 to Annex 12

FOR OFFICIAL USE

Fees paid _____ Receipt Number _____ File Number _____

Receiving Officer _____ Signature _____ Date ____/____/20____

Database amended by _____ Date __/__/20__

Comments:

Decision		
Approved	Registration Number	
	Certificate Number	
Provisional Approval	Registration Number	
	Certificate Number	
Not Approved		

Name of Director: _____ Signature: _____

Date: ____/____/20____

A. ADMINISTRATIVE INFORMATION

1. (a) Name of the institution

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(b) Type of institution, as shown in the certificate of recognition

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2. Particulars of the authorised contact person

(a) Name

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(b) Designation [CEO/ Managing Director/ Chairperson/ Vice-Chancellor etc.]

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(c) Postal address

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(d) Contact details

Telephone	Office	Mobile
Fax		
E-mail		

3. Address of the institution

Postal Address	Physical Address

4. Contact details of the institution

Telephone	
Fax	
E-mail	
Website (if any)	

5. Address of head office

Postal Address	Physical Address

6. Contact details of head office

Telephone	
Fax	
E-mail	
Website (if any)	

B. COMPANY INFORMATION

7. Registration details

(a) Legal name of the institution

(b) Official trading name (acronym if applicable)

(c) Company registration number

(d) If foreign, state country of origin

8. Details of the parent institution [if applicable]

(a) Name of the parent institution	
(b) Title and name of the head of the parent institution	
(c) Academic qualifications of the head of the institution [name university]	
(d) Postal address	

(e) Physical address	
(f) Telephone	
(g) Fax	
(h) E-mail	
(i) Website (if any)	

C. MANAGEMENT INFORMATION

9. Particulars of Management

(a) Chief Executive Officer or head of the institution

(i) Name and Title

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(ii) Academic qualifications [name university]

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(iii) Designation [CEO/ Director/ Chairperson/ Manager etc.]

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(iv) Contact details

Telephone	
Fax	
E-mail	

(b) Names and designation of the current directors of the institution

Telephone	Name in Full	Designation	Highest Academic Qualifications

10. Holding Company or any other organisation to which the institution is subordinate.

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11. Relationship between the institution and the holding company or other organisation.

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12. List of owners in accordance with the Articles of Association.

Name/ Surname and Initials	Designation
1.	
2.	

13. Details of the auditors of the institution

(a) Name of the auditor of the institution	
(b) Registration number issued by Chartered Accountants of Fiji	

14. Tax and business registration details

(a) VAT registration number	
(b) Tax account number	
(c) Business registration number	
(d) Name of bank and account number	

D. INFORMATION ON LEARNING PROGRAMMES

15. Table 1 Programmes of study

Provide detailed information on the programmes of study offered by the institution.
The name of the programme should be stated in full, for example; Certificate in Computing
Bachelor of Science [Biology/ Chemistry]
Diploma in Education [Mathematics/ Science] etc.

Name of Programme	Level (e.g., Undergraduate)	Entrance Requirements	Delivery modes	Minimum Duration (in months)
			(a) On Campus (b) DFL (c) Other (name)	

16. Table 2 Current/ Proposed site(s) for programme delivery

Name of centre(s)	Contact details	Programmes to be delivered
	Physical address:	1.
		2.
		3.
		4.
	Postal address:	5.
		6.
		7.
		8.
	Telephone:	9.
	Fax:	10.

E. STAFF AND STUDENT INFORMATION

17.

Table 3a:

- (i) In the case of an institution that is already operating, include the total number of students registered, on full-time and part-time basis, for the institution's educational programmes.
- (ii) In the case of a new institution, include total number of students expected to be registered, on full-time and part-time basis, during the first 3 years of operation.

NB

- (1) *State the name of the programme in full, as mentioned in Table 1 of item 15.*
- (2) *The data should be expressed as headcount only.*

Programme of Study	Enrolment/ Projected Numbers						Total
	Year 1		Year 2		Year 3		
	F/T	P/T	F/T	P/T	F/T	P/T	

Table 3b:

- (i) In the case of an institution that is already operating, include the total number of Academic staff employed in each of the departments. Examples of departments could be: Department of Computing, Department of Tourism, Department of Electrical Engineering, Department of Social Sciences etc.
- (ii) In the case of a new institution, include total number of academic staff expected to be employed in each of the departments.

Department	No. of Current/ Projected Staff		Total
	Full-Time	Part-Time	

Table 3c:

- (i) In the case of an institution that is already operating, include the total number of Administrative and Support staff employed.
- (ii) In the case of a new institution, include total number of Administrative and Support staff expected to be employed.

Category	Status	Number	Total
Administrative Staff	Full-Time		
	Part-Time		
Support Staff	Full-Time		
	Part-Time		

18. Table 4: Academic/ Research staff and their highest qualifications

Full Name of Staff Member	Academic qualifications	Level(s) staff teaches e.g., Certificate level, Diploma level

F. INFORMATION ON INFRASTRUCTURE

Name of Location: _____

19. Table 5a: General information: site, lease, rentals etc.

Type of Property	Ownership	Monthly Rental	Lease Tenure [in years]	Evidence
1. Site				
2. Buildings				
3. Other assets: [please state]				

Table 5b Buildings: Classrooms, Libraries, Theatres, Laboratories etc.

Type of Facility	Number	Maximum Seating Capacity
1. Lecture rooms		
2. Staff offices		
3. Lecture theatres		
4. Library		
5. Laboratories: [name types below]		
6. Workshops: [name types below]		
7. Conference rooms		
8. Ablution provision		

9. Others (please specify)		
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NB: Please state the full name of the Laboratories and the Workshop, for example; *Biology Laboratory, Computer Laboratory, Food Technology Laboratory, Metal Workshop, Automotive Workshop etc.*

Table 5c: Other Staff and Student facilities

Type of Facility	Tick if available for student use
1. Internet	
2. Photocopy	
3. Printing	
4. Telephone	
5. Others: [list below]	

NB: *If there is more than one location, please make additional copies of the two pages.*

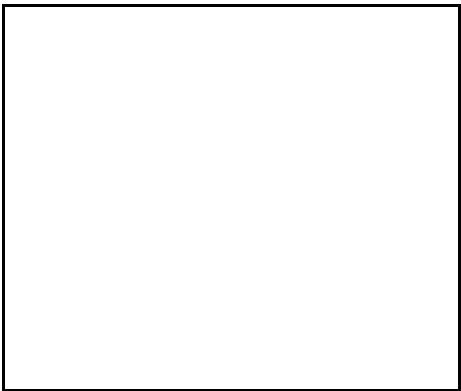
FIJI HIGHER EDUCATION COMMISSION
DECLARATION

I, _____,
[full name of authorised officer]
the _____,
[designation of the authorised office]
of the _____,
[name of the institution]

do solemnly and sincerely declare that the information contained on the preceding pages is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable for prosecution.

Declared at _____ }
this _____ day of }
_____ 20 _____ }

[Signature]
(To be signed in front of the
witness)



Official Stamp of the Institution

Before me:

[Full name of witness**]

[Signature of witness]

Occupation _____

Address: _____

Date: _____
Phone No. _____

** This declaration can only be witnessed by a legal practitioner