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| *www.iaphei.com* | | | | | |
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|  | **omal logo** | | | | |
|  | **International Accreditation Protocols for Higher Education Institutions** | | | | |
|  |  | | | | |
|  | **APPLICATION FORM**  **International Institutions**  **2020** | | | | |
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APPLYING TO IAPHEI ACCREDITATION

**Dear Academic Partner,**

Thank you for your interest in applying for accreditation through IAPHEI International. Below are the steps your institution needs to undertake to complete the accreditation process.

1. The candidate institution needs to send an edited version of the **IAPHEILETTER OF INTENT**(PHASE ONE) (download Template - use your institutional letterhead),and send the signed and stamped copy to the IAPHEI accreditation office via e-mail ([ac@iaphei.com](mailto:ac@iaphei.co.uk)).
2. IAPHE will review the letter and assign a liaison officer who will send you the accreditation proposal that needs to be signed, stamped by your institution head, and then sent back to the liaison officer, who then will send you the **IAPHEI Application Form**.
3. The candidate institution needs to complete **IAPHEIApplication Form**(PHASE TWO) and send the filled form (.doc format)to the IAPHEI accreditation office via e-mail ([ac@iaphei.com](mailto:ac@iaphei.co.uk)) with the application fee;the institution may consult the liaison officer during the application filling process.
4. The application must be completed, signed, and stamped.The accreditation fees should be paid before IAPHEI starts to process your application.
5. IAPHEI will then request the institution's official documents to reviewPHASE TWO of the accreditation process. These documents can be found in the section titled “CHECKLIST OF DOCUMENTS REQUIRED AT PHASETWO”. These documents are required to be sent to the IAPHEI office one month before the inspection visit takes place.
6. IAPHEI will then contact the institution to discuss the PHASE TWO documentation and evidence submissions through an online meeting with the assigned liaison officer.
7. IAPHEI Accreditation Committee will meet to review the application form and the supporting documents. If approved, the institution will be moved to the **CANDIDATE STATUS**. If not, the institution will be informed of the missing information or eligibility standards.
8. IAPHEI will inform the candidate institution of the names of the inspectors who will be assigned to PHASE THREEof theinspection to make sure whether the institution has any JUSTIFIED objection on the nominated inspectors.
9. IAPHEI will then arrange the inspection visit to the institution (PHASETHREE).
10. IAPHEI inspectors will write their inspection visit report which will be discussed in IAPHEI Accreditation Committee Meetings which takes place four times a year (see the meeting dates for 2021 in the section titled “IAPHEI Accreditation Committee Meeting Dates”).
11. The candidate institution will be informed of the decision of the IAPHEI Accreditation Committee within one week of the meeting.
12. The candidate institution has the right to appeal within one week, the appeal should have a full justification supported with evidence, the appeal will be then discussed in the upcoming accreditation committee meeting.

***Chairman of IAPHEI***

**IAPHEI APPLICATION FORM**

**SECTION ONE:INSTITUTION DETAILS**

**Contact Details of Institution (to be accredited)**

|  |  |
| --- | --- |
| Institution Name: | *Please provide variations of your institution’s name (if any)* |
| Establishment Date: |  |
| Institution Type: | Public / Private |
| President Name: |  |
| Country - City: |  |
| Postal Address: |  |
| Telephone Number: |  |
| Fax Number: |  |
| Email Address: |  |
| Website Address: |  |
| Social Media Links |  |

**Contact Details of person to whom all upcoming correspondence should be addressed**

|  |  |
| --- | --- |
| Correspondent Name |  |
| Job Title |  |
| E-mail Address |  |
| Mobile Number: |  |

**Addresses of any other branches wheretheinstitution operates**

(if applicable state all places of operation and indicate which of these are to be accredited.)

|  |  |  |
| --- | --- | --- |
|  | Country | City |
| Main Campus |  |  |
| Branch 1 | N/A | N/A |
| Branch 2 | N/A | N/A |

|  |
| --- |
| **If your institution is private, provide the following information, if public go toSECTION THREE** |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Company: |  | | |
|  |  |  | |
| Registration no: |  | Date of registration: |  |

Institution Bank Details, name & address:

|  |
| --- |
|  |

**SECTION TWO: INSTITUTION HUMAN RESOURCES**

**List the names of the**

**Owners (if private),Board of Directors, Board ofTrustees, and Deans/Governors Council**

|  |  |  |
| --- | --- | --- |
|  | Names | |
| Institution Owners: | Main Shareholder: |  |
| Shareholders: |  |
|  |
|  |
|  |
| Board of Directors: | Chairman: |  |
| Members: |  |
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| Board of Trustees: | Chairman: |  |
| Members: |  |
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| Deans/Governors Council:  **CV***is required for Each Member of this council* | Chairman: |  |
| Members: |  |
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**Institution President / Vice Chancellor / Manager details:**

|  |  |
| --- | --- |
| Full Name: |  |
| Job Title: |  |
| Date of Appointment: |  |
| Qualification: |  |
| Academic Rank (if applicable): |  |
| Years of Experience (Number): |  |
| E-mail address: |  |
| Mobile Number: |  |
| Official webpage link: |  |
| **CV** *is required* | |

**State the numbers of your institution staff in the following categories:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Number | | Gender | |
| Male | Female |
| Local Academic / Teaching Staff: | Full-time |  |  |  |
| Part-time |  |  |  |
| International Academic / Teaching Staff: | Full-time |  |  |  |
| Part-time |  |  |  |
| Local Research Staff / Assistants: | Full-time |  |  |  |
| Part-time |  |  |  |
| International Research Staff / Assistants: | Full-time |  |  |  |
| Part-time |  |  |  |
| Local Administrative Staff: |  | |  |  |
| International Administrative Staff: |  | |  |  |
| Local Technical Staff: |  | |  |  |
| International Technical Staff: |  | |  |  |
| Local Security Staff: |  | |  |  |
| International Security Staff: |  | |  |  |
| Academic / Teaching Staff with Ph.D.: |  | |  |  |

**SECTION THREE: INSTITUTION FACILITIES**

**Institution Facilities**

|  |  |
| --- | --- |
| Are the institution facilities owned or leased? | Owned / Leased |

|  |  |
| --- | --- |
| If it is leased, please give the expiry date of the lease: |  |

* *Kindly note that the lease agreement must be available for the inspection visit.*

**Please give details of the following facilities:**

|  |  |
| --- | --- |
| The number of classrooms: |  |
| Average Capacity of classrooms: |  |
| The number of Computer Labs: |  |
| Number of Laboratories: |  |
| Number of Libraries: |  |
| The number of common rooms: |  |
| The number of multipurpose rooms: |  |
| The capacity of Student Dormitory: |  |
| The number of car parks (capacity): |  |

**Please give details of the following teaching resources and support equipment:**

|  |  |
| --- | --- |
| The number of Desktop Computers: |  |
| The number of Video Projectors: |  |
| The number of Smart/Interactive Boards: |  |
| The number of Study/Research Computers: |  |
| Number of Printers: |  |
| Number of Scanners: |  |

**Please give details (link to a webpage) of resources available to students for independent study and research (Library resources):**

|  |
| --- |
|  |

**Please state which facilities does your institution has:**

|  |  |  |  |
| --- | --- | --- | --- |
| Outdoor Field (e.g. football) | **Yes / No** | Tennis Court | **Yes / No** |
| Indoor Stadium | **Yes / No** | Rinks | **Yes / No** |
| Swimming Pool | **Yes / No** | Basketball Court | **Yes / No** |
| Health Club | **Yes / No** | Gymnasium | **Yes / No** |
| Billiards Room | **Yes / No** | Bowling Centre | **Yes / No** |
| Book Store | **Yes / No** | Student Union | **Yes / No** |
| Teaching and Learning Office | **Yes / No** | Prayer Rooms | **Yes / No** |
| Student Counselling Office | **Yes / No** | Nursery | **Yes / No** |
| Disability Liaison Office | **Yes / No** | Career Office | **Yes / No** |
| Financial Assistance Office | **Yes / No** | Bank Branch | **Yes / No** |
| Travel Agent Office | **Yes / No** | Supermarket | **Yes / No** |
| Student Health Clinic | **Yes / No** | Auditorium (Capacity) | **Yes / No (e.g. 1k People)** |
| Post Office | **Yes / No** | Food Court (Capacity) | **Yes / No (e.g. 1k People)** |
| Sports Stadium | **Yes / No** | Other (please specify) |  |

**SECTION FOUR:OCCUPATIONAL HEALTH & SAFETY (OHS)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does your institution have a unit responsible for health and safety? |  | YES | NO |  |
|  |  |  |  |  |
| Do you have a letter from a relevant local body to assure your institution’s compliance with health and safety regulations? |  | YES | NO |  |
|  |  |  |

**Name of the person(s) responsible for health and safety at your institution with their e-mail address:**

|  |  |  |
| --- | --- | --- |
| Name | Job Title | E-mail Address |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have staff trained as first-aiders? | YES / NO | Gender | |
| Does a relevant local body certify them? | YES / NO | Male | Female |
| The number of staff trained as first-aiders: |  |  |  |
| The number of staff certified as first-aiders: |  |  |  |
| * *A sample of the certificate must be available for the inspection visit* | | | |

**INSTITUTION INSURANCE DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have Employer’s Liability Compulsory Insurance? |  | YES | NO |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a staff Health Compulsory Insurance? |  | YES | NO |  |

|  |  |
| --- | --- |
| Name of the Insurance Company |  |

**SECTION FIVE: STUDENTS**

**Indicate the numbers of students attending your institution in this academic year:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Number | | Gender | | Mode of Study | | |
| Male | Female | Full-time | Part-time | Distance |
| Local Students: |  | |  |  |  |  |  |
| International Students: |  | |  |  |  |  |  |
| Undergraduate Students: |  | |  |  |  |  |  |
| Postgraduate Students: | Diploma |  |  |  |  |  |  |
| Master |  |  |  |  |  |  |
| PhD |  |  |  |  |  |  |
| Institution Alumni |  | |  |  |  |  |  |

|  |  |
| --- | --- |
| Number of applications every year |  |
| Number of admitted students |  |
| Number of drop out students |  |

**Student monitoring& academic progress**

|  |  |
| --- | --- |
| Name of the used Student Information System |  |
| Do you monitor and record students’ progress |  |
| What systems do you have in place to track student attendance? |  |
| How do you track students who have got their visas then fail to enroll (no shows)? |  |

**SECTION SIX: INSTITUTION COMPLIANCE**

**Indicate whether your institution has the following units/policies/regulations in ACTION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Institution By-Laws | **Yes / No** | Academic Regulations | **Yes / No** |
| Faculty & Staff Handbook | **Yes / No** | IT Acceptable Use Policy | **Yes / No** |
| Student Handbook | **Yes / No** | Academic development plan | **Yes / No** |
| Copyright compliance guidelines | **Yes / No** | Research development plan | **Yes / No** |
| Data protection policy | **Yes / No** | Research incentive program | **Yes / No** |
| Internal Audit Unit | **Yes / No** | Research Principles & Standards | **Yes / No** |
| Institution Yearly Report | **Yes / No** | Environmental Policy | **Yes / No** |
| Institution Code of Ethics | **Yes / No** | Sustainability Strategy / Policy | **Yes / No** |
| Valid Strategic Plan | **Yes / No** | Smoking Policy | **Yes / No** |
| Disability Strategy | **Yes / No** | Non-discrimination Policy | **Yes / No** |
| Student Complaint Office | **Yes / No** | Anti-harassment Strategy / Policy | **Yes / No** |
| Emergency Closing Policy | **Yes / No** | Intellectual Property Policy | **Yes / No** |

**Institution Compliance with governmental regulations**

|  |  |
| --- | --- |
| Do your institutions follow the regulations of a governmental body | **Yes / No** |
| What is the name of this governmental body? |  |
| Provide a link to their website: |  |
| In the past three years has your institution been sanctioned by this body? (If yes, state the reason) |  |

**SECTION SEVEN: ACADEMIC PROGRAMS**

**Please list ALL of your institution academic divisions/faculties:**

|  |  |  |
| --- | --- | --- |
| Name of institution division / faculty | Number of Academic Staff | Number of Students |
| **Business School** | **e.g. 50** | **e.g. 834** |
| **Faculty of Law** | **e.g. 43** | **e.g. 640** |
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**Please list ALL of your academic programs**

|  |  |  |
| --- | --- | --- |
| Name of Division / Faculty | Name of Degree & Program (BSc, MSc, Ph.D., etc.) | No. of Years |
| **Business School** | **BSc in Business Administration** | **3** |
| **Faculty of Engineering** | **BSc in Civil Engineering** | **5** |
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**INTERNATIONAL RANKING READINESS**

|  |  |
| --- | --- |
|  |  |
| Number of academic staff (FTE) |  |
| Number of academic staff of international/overseas origin (FTE) |  |
| Number of academic staff that are female (FTE) |  |
| Number of research staff (FTE) † |  |
|  |  |
| Total number of students (FTE) |  |
| Number of students of international/overseas origin (FTE) |  |
| Number of students that are female (FTE) |  |
| Number of bachelors students |  |
| Number of masters students |  |
| Number of doctorate students |  |
|  |  |
| Number of undergraduate degrees awarded |  |
| Number of graduate degrees awarded |  |
| Number of doctorates awarded |  |
| Number of research doctorates awarded |  |
| Number of professional doctorates awarded |  |
|  |  |
| Total institutional income |  |
| Research income |  |
| Research income from industry and commerce |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SUSTAINABLE DEVELOPMENT PROGRESS** | | | | |
| Please indicate if your university publishes progress against SDGs   1. *Conduct researches (Individual, Collaboration with Public/Private Sectors etc.).* 2. *Organise Activities including students & community.* 3. *Provide support (Informative, Technical, Financial etc.).* 4. *Publish Policies & Reports.* | | | | |
|  | Research | Activites | Support | Report |
| SDG 1:No Poverty | (Y/N) | (Y/N) | (Y/N) | (Y/N) |
| SDG 2: Zero Hunger | (Y/N) | (Y/N) | (Y/N) | (Y/N) |
| SDG 3: Good Health and Well-being | (Y/N) | (Y/N) | (Y/N) | (Y/N) |
| SDG 4: Quality Education | (Y/N) | (Y/N) | (Y/N) | (Y/N) |
| SDG 5: Gender Equality | (Y/N) | (Y/N) | (Y/N) | (Y/N) |
| SDG 6: Clear Water and Sanitation | (Y/N) | (Y/N) | (Y/N) | (Y/N) |
| SDG 7: Affordable and Clean Energy | (Y/N) | (Y/N) | (Y/N) | (Y/N) |
| SDG 8: Decent Work and Economic Growth | (Y/N) | (Y/N) | (Y/N) | (Y/N) |
| SDG 9: Industry, Innovation and Infrastructure | (Y/N) | (Y/N) | (Y/N) | (Y/N) |
| SDG 10: Reduced Inequalities | (Y/N) | (Y/N) | (Y/N) | (Y/N) |
| SDG 11: Sustainable Cities and Communities | (Y/N) | (Y/N) | (Y/N) | (Y/N) |
| SDG 12: Responsible Consumption  and Production | (Y/N) | (Y/N) | (Y/N) | (Y/N) |
| SDG 13: Climate Action | (Y/N) | (Y/N) | (Y/N) | (Y/N) |
| SDG 14: Life Below Water | (Y/N) | (Y/N) | (Y/N) | (Y/N) |
| SDG 15: Life on Land | (Y/N) | (Y/N) | (Y/N) | (Y/N) |
| SDG 16: Peace, Justice and Strong Institutions | (Y/N) | (Y/N) | (Y/N) | (Y/N) |
| SDG 17: Partnerships for the Goals | (Y/N) | (Y/N) | (Y/N) | (Y/N) |



**Thank you for filling out the application,**

**Please send this form to**

[qc@iaphei.com](mailto:qc@iaphei.com)