

Please read carefully the General Notes on Page 2 before filling this form

(Established under the Mauritius Qualifications Authority Act 2001) Application Form for Authorisation of Change/s

A. Applicant's Details

Name of Registered Training Institution / Organisation: (Please delete as appropriate)
Physical Address of Training
Institution/Organisation (in block letters):
(in block teners).
Name of Manager (in block letters):
Name of Programme Officer (in block letters):
Registration Period of Training Institution: up to:/
Registration Feriod 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 (<i>submit evidence</i>)		
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)		

Mauritius Qualifications Authority, Pont Fer, Phoenix, Mauritius

Change in Programme Off	icer (submit profile and documents as per	
annex 2)		
Change in trainers (submit	profile and documents as per annex 3)	
Change in course title (sub	mit justification and details)	
Change in course structure	e/duration (submit justification and details)	
Change in course fees (su	bmit justification and details)	
Change in existing partner	ship, licensing or franchising arrangement	rs es
(submit evidence)		
Change in site of delivery (submit evidence)	
Changes in entry requirem	ents (submit evidence)	
Change in delivery mode (submit evidence)	
Any other significant chang	ge/s (please specify)	
	wing with the application form: d information with respect to change/s	(Please tick as appropriate) ☐
Application fee of Rs 10	00/-	
This form together with submitted to:	attachments and accompanied with the	e payment for processing fee should be
	The Director Mauritius Qualifications Au IVTB Compound Pont Fer Phoenix	uthority
It is an offence to give false	or conceal information in this form.	
I declare that the particulars my knowledge and belief.	s in the application form and in the sheets	s attached thereto are true to the best of
Name:		
Signature:	Designation:	. Date://
General Notes		
This form should be	e filled in after consultation of the Quality	Assurance Framework which is available
at the MQA office of	r which can be downloaded from MQA we	bsite at http://www.mqa.mu
		ndable fee of Rs 1000/ The payment of her by cash or by cheque drawn in favour

of the Mauritius Qualifications Authority accompanied with the application form and the relevant

Incomplete, inadequate or inaccurate filling of the application form may result in the latter being

attachments.

rejected.

Annex 1: Profile of Manager

MNIC No:	
Title Mr	Mrs Ms
Surname: Other Name/s: Residential Address:	(in block letters) (in block letters)
Contact Details:	Home: Mobile: Email:
Highest Qualification/s:	
Training/Teaching/ Managerial experience:	

List of Documents to be submitted:

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 Mr	Mrs Ms
Surname: Other Name/s: Residential Address:	(in block letters)
Contact Details:	Home: Mobile: Email:
Highest Qualification/s:	
Training Experience:	

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 Mr	Mrs Ms
Surname: Other Name/s:	(in block letters) (in block letters)
Residential Address:	
Contact Details:	Home: Email:
Qualification/s:	
Work Experience:	

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)			