

APPLICATION FOR ACCREDITATION OF TUITION PROVIDERS

Approval Number	
_// Start date End date	Date application received by ZICA
Please print and complete all requested information	on
1. <u>APPLICANT STATUS:</u>	
☐ First Time Applicant: Initial application	
☐ Previously Accredited: Accreditation renewal	

2. BACKGROUND INFORMATION:

2.1.	Legal Name of Training Instit	tion, Official Contact Person & Job Title of Contact Perso				
	(Name of Institution)	(Name of Contact Person & Job Title)				
2.2	Training Institution Location	Address (Physical Location of Institution)				
		Building and/or Street name				
	City/Town	Country				
2.3	Training Institution Postal Ad	dress				
	P.O. Box	Street name				
	City/Town	Country				
2.4	Phone/Fax/Electronic Mail Co	ontact Information				
Telep	hone #	FAX #				
Offici	al Email Address					
Web	Address					

3. LEVEL OF TRAINING IN ZICA PROGRAMMES

3.1 Indicate the level of training your institution is offering/wishes to offer
3.1.1 CA ZAMBIA
3.1.2 Diploma in Accounting
3.1.3 Diploma in Taxation
3.1.4 Public Sector Financial Management
3.2 (i) Only for Accreditation Renewal.
Has the College/University provided tuition at a higher level rather than the one recommended after accreditation?
☐ Yes ☐ No
(ii) If the answer is yes to (i) give reasons.
3.3 What mode of tuition are you offering/do you wish to offer in your institution?
Part-Time Full – Time

4.0 Management qualifications

Management Team	Name	Qualifications (Attach the C.Vs)
Head of Institution		
Deputy Head of Institution		
Head of Accountancy Programmes		

5.0 TRAINING RESOURCES

5.1 Indicate the number of students by level of training in ZiCA Programme

level	Full-Time students			F	Part – Time Student			
levei	Male	Female	Sub-Total	Male	Female	Sub-Total	Total	
CA ZAMBIA								
CA Certificate in								
Accountancy								
CA Application								
Advanced Diploma								
in Accountancy								
CA Advisory								
Professional in								
Accountancy								
DIPLOMA IN								
ACCOUNTANCY								
Level 1								
Level 2								
DIPLOMA IN								
TAXATION								
Certificate								
Diploma								
PUBLIC SECTOR								
FINANCIAL								
MANAGEMENT								
Total								

		F	ull-Time Led	cturers	Part – Time Lecturers				For
level	Subject	Male	Female	Sub-Total	Male	Female	Sub-Total	Lecturers Total	Official use Only
CA ZAMBIA									
l	1.1								
l	1.2								
l	1.3								
Knowledge Level	1.4								
	1.5								
	1.6								
	2.1								
	2.2								
Application Level	2.3								
Application Level	2.4								
	2.5								
l	2.6								
	3.1								
Advisory Level	3.2								
	3.4								
	3.5								
	3.6								
	3.7								
	3.8								
Diploma in Accountancy									
Level 1	D1								
	D2								
	D3								
	D4								
	D5								
	D6								
	D7								
Level 2	D8								
	D9								
	D10								

	1	1	1	1		1	
	D11						
	D12						
Diploma in							
Taxation		1 1	T	1	1	1	
Certificate	C1						
	C2						
	C3						
	C4						
	C5						
	C6						
Diploma	D1						
	D2						
	D3						
	D4						
	D5						
	D6						
Public Sector Financial Management							
	PFM1						
	PFM2						
	PFM3						
	PFM4						
	PFM5						
	PFM6						
Total							

NB: Fill in the form on Annex 1 – Lecturers Qualifications, in support of the above statistics

5.3	Librar	y facilities
	5.3.1	Does the institution have library facilities?
		Yes
		□ No

5.3.2 If yes, indicate the subjects and the number of books

Subject	# of Books (Attach Titles)	# of students (Attach Registers where possible)	For Official Use Only
	,		·

Totals			
5.3.3	ould you describe th ts of accountancy in	e condition of the library and its a your institution?	ccessibility by
5.3.4		rary, what arrangements has your library facility in your locality?	r institution made
	 		

6.0 CLASSROOM SPACE

Indicate the number of classes you have for each of the subjects taught below:

Subject	# of Classes		# of Cla	# of Class Rooms used		# of students (Attach Registers where possible)		For Official Use Only	
	Full - Time	Part -Time	Full-Time	Part - Time	Full-Time	Part - Time	Full-Time	Part - Time	
		<u> </u>							

Totals				

7.0	Condition of Classroom Furniture			
	Good Poor			
8.0	Sanitary Facilities			
	☐ Meet public health requirements ☐ Don't meet public health requirements			
9.0	COMENTS			
	Give any final comments to support your application:			
				

ANNEX 1 – Lecturers Qualifications

NAME OF COURSE/PROGRAMME: ----- (fill separate form for each course/programme)

Subject	Names of Lecturer	Qualifications (Attach the C.Vs)	Pedagogical Qualification