



The Accreditation Council of Trinidad and Tobago (ACTT)

## Registered Institution Annual Report

Please Use Block Letters or Type

### Section A

Name of institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

\_\_\_\_\_

Mailing address of Institution (if different from above) \_\_\_\_\_

\_\_\_\_\_

Reporting Period: From \_\_\_\_\_ To \_\_\_\_\_  
dd/mm/yyyy dd/mm/yyyy

Executive Head of the institution: \_\_\_\_\_  
Title First Name Last Name

\_\_\_\_\_

Position

Signature: \_\_\_\_\_ Date : \_\_\_\_\_  
dd/mm/yyyy

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Website: \_\_\_\_\_

\_\_\_\_\_



The Accreditation Council of Trinidad and Tobago (ACTT)

Current Student Enrolment for the reporting period:

\_\_\_\_\_ Full Time          \_\_\_\_\_ Part Time

Please list the address(es), contact number(s) and site coordinators of additional sites and/or campuses operating in Trinidad & Tobago.

---

---

---

---

**Section B**

**Ownership:**

1. Please tick the appropriate box as it relates to your institution:

Public                   Private                   NGO                   Other

Please specify: \_\_\_\_\_

2. Describe any change in ownership or control that occurred in the reporting year or is contemplated in the upcoming year:

---

---

---

---



The Accreditation Council of Trinidad and Tobago (ACTT)

3. Describe any changes with regard to the opening and closure of sites and/or campuses that occurred in the reporting year or are contemplated in the upcoming year:

---

---

---

---

4. Please indicate whether there was a change in the name of the institution during the past academic year or proposed name change in the upcoming year.

Yes                       No

If yes, please attach a copy of the certificate of amendment or legal instrument and conferment of title by ACTT (if applicable).

Previous Name: \_\_\_\_\_

New Name: \_\_\_\_\_

**Section C**

**Governance and Administration**

1. Have any changes been made to the institution's organisational structure? If yes, please attach an approved and current organisational chart.

2. Please indicate any changes that were made to the institution's Governing Board:

---

---

---



The Accreditation Council of Trinidad and Tobago (ACTT)

3. Please list the following information (only if changes were made): name, title and contact information, for the following positions. If a new person has filled the position in the reporting year or will be filling the position in the upcoming year, please give the starting date of their assumption of duties.

A. Head of the Governing Body

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date of Assumption: \_\_\_\_\_

B. Head of the Institution

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Assumption: \_\_\_\_\_ e-mail: \_\_\_\_\_

C. Chief Academic Officer

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Assumption: \_\_\_\_\_ e-mail: \_\_\_\_\_

4. Have changes been made to the institution's Vision Statement?

Yes  No

Date of Approval: \_\_\_\_\_  
dd/mm/yyyy



The Accreditation Council of Trinidad and Tobago (ACTT)

If yes, please attach a copy of the revised vision statement to this Registered Institution Annual Report.

5. Have changes been made to the institution's Mission Statement?

Yes       No

Date of Approval: \_\_\_\_\_  
dd/mm/yyyy

If yes, please attach a copy of the revised mission statement to this Registered Institution Annual Report.

**Section D**

**Quality Management System (QMS)**

1. Have changes been made to the institution's Quality Policy?

Yes       No

If yes, please attach a copy of the revised quality policy to this Registered Institution Annual Report **highlighting the changes made.**

2. Quality Management Representative

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Assumption: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Please attach Quality Management Representative's job description and résumé.**



The Accreditation Council of Trinidad and Tobago (ACTT)

**Section E**

**Resource Management**

1. Human Resources

Please complete the following table indicating the number of staff in each category:

	Full-time	Part-time
Teaching/Faculty staff		
Administrative staff		
Other staff		

2. Please indicate if there was a significant change in the student enrolment over the reporting period.

Full Time:   Increase   Decrease           Percentage Increase/ Decrease: \_\_\_\_\_  
Part Time:   Increase   Decrease           Percentage Increase/ Decrease: \_\_\_\_\_

3. Institutional Finances

Please indicate any percentage change (positive or negative) in the following for the reporting year:

Revenue: \_\_\_\_\_

Expenses: \_\_\_\_\_

Was an external audit conducted during the period under review?

Yes           No

If yes, please specify the following and attach a copy of the Auditor’s report:

Date of the Audit Report: \_\_\_\_\_  
  dd/mm/yyyy

Auditor: \_\_\_\_\_



The Accreditation Council of Trinidad and Tobago (ACTT)

**Section F**

**Teaching-Learning Process**

Please indicate any substantive changes in programmes offered, within the reporting period and/or planned for the upcoming year (for example programmes added or discontinued). If NONE, please indicate:

Level of Qualification e.g. Diploma	Title of Qualification e.g. Diploma in Health & Safety	Name of Awarding Body (If other than the institution)

**Section G**

**Review**

Please provide copies of any reports based on surveys of stakeholders to determine their satisfaction.

**Section H**

**Continuous Improvement**

1. When was the last review of the QMS conducted?

Date: \_\_\_\_\_  
dd/mm/yyyy

Please indicate whether this review was internal or external and attach copies of any reports on the review of the QMS:

Internal                       External