



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: _____



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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:



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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? Yes No
If yes, please attach an approved and current organisational chart.

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



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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



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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.



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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:

Internal External



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Section I
Stakeholder Engagement and Management

For the reporting period, please report on all the complaints from external and internal stakeholders including information on and evidence of the institution's response in the following categories:

- (1) Students
- (2) Academic Staff
- (3) Administrative Staff
- (4) Employers
- (5) General Public

Affirmation (please affix institution stamp anywhere below)

I _____ (Head of Institution) hereby verify that all information contained within is current and accurate.

Signature: _____ Date: _____
dd/mm/yyyy