



**FIJI HIGHER EDUCATION COMMISSION  
APPLICATION FOR/ RENEWAL OF REGISTRATION**

(Sections 18 and 32 of the Higher Education Promulgation 2008)

Name of Institution	
Type of Institution	
Recognition Number of Institution	

Category of Institution (Please choose a number from the table at the back of this form)	
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**APPLICATION CHECKLIST**

- Completed Application form for Registration
- Documents mentioned in Annex 1 to Annex 12

**FOR OFFICIAL USE**

Fees Paid \_\_\_\_\_ Receipt Number \_\_\_\_\_ File Number \_\_\_\_\_

Receiving Officer \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Comments:

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Decision		
Approved	Registration Number	
	Certificate Number	
Provisional Approval	Registration Number	
	Certificate Number	
Not Approved		

Name of Director: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_

**A. ADMINISTRATIVE INFORMATION**

1. (a) Name of the Institution

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(b) Type of institution, as shown in the Certificate of Recognition

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2. Particulars of authorized contact person

(a) Name

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(b) Designation [CEO / Managing Director / Chairman/ Vice- Chancellor etc.]

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(c) Postal Address


(d) Contact details

Telephone	Office:	Mobile:
Fax		
E-mail		

3. Address of the institution

Postal Address	Physical Address

4. Contact details of institution

Telephone	
Fax	
E-mail	
Website (if any)	

5. Address of head office

Postal Address	Physical Address

6. Contact details of head office

Telephone	
Fax	
E-mail	
Website (if any)	

**B. COMPANY INFORMATION**

7. Registration details

(a) Legal name of the institution

(b) Official trading name (acronym if applicable)

(c) Company registration number

(d) If foreign, state country of origin

8. Details of the parent institution [if applicable]

(a) Name of the parent institution	
(b) Title and name of the head of the parent institution	
(b) Academic qualifications of the head of the institution [name university]	
(d) Postal address	
(e) Physical address	
(f) Telephone	
(g) Fax	
(h) E-mail	
(i) Website (if any)	

C. MANAGEMENT INFORMATION

9. Particulars of Management

(a) Chief Executive Officer or head of the institution

(i) Name and Title

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(ii) Academic qualifications [name university]

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(iii) Designation [CEO / Director / Chairman / Manager etc.]

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(iv) Contact details

Telephone	
Fax	
E-mail	

(b) Names and designations of the current Directors of the institution

Title	Name in Full	Designation	Highest Academic Qualification

10. Holding Company or any other organization to which the institution is subordinate.

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11. Relationship between the institution and the holding company or other organization.

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12. List of owners in accordance with the Memorandum and Articles of Association.

Name / Surname & Initials	Designation
1.	
2.	
3.	
4.	
5.	

13. Details of the auditors of the institution

(a) Name of the auditor of the institution	
(b) Registration number issued by Chartered Accountants of Fiji	

14. Tax and business registration details

(a) VAT Registration Number	
(b) Tax Account Number	
(c) Business Registration Number	
(d) Name of Bank & Account Number	

**D. INFORMATION ON LEARNING PROGRAMMES**

15. Table 1 Programmes of study

Provide detailed information on the programmes of study offered by the institution.

*The name of the programme should be stated in full, for example; Certificate in Computing, Bachelor of Science [Biology/Chemistry], Diploma in Education [Mathematics/Science], etc.*

Name of Programme	Level (e.g. Undergraduate)	Entrance Requirements	Delivery modes (a) On-campus (b) DFL (c) Other(name)	Minimum Duration (in months)

Name of Programme	Level (e.g. Undergraduate)	Entrance Requirements	Delivery modes (d) On-campus (e) DFL (f) Other(name)	Minimum Duration (in months)

[Use extra sheets if necessary and attach]



16. Table 2 Current/Proposed site(s) for programme delivery

Name of centre(s)	Contact details	Programmes to be delivered
	Physical address:	1.
		2.
		3.
		4.
	Postal address:	5.
		6.
		7.
		8.
	Telephone:	9.
	Fax:	10.
	Physical address:	1.
		2.
		3.
		4.
	Postal address:	5.
		6.
		7.
		8.
	Telephone:	9.
	Fax:	10.
	Physical address:	1.
		2.
		3.
		4.
	Postal address:	5.
		6.
		7.
	Telephone:	8.
	Fax:	9.

Name of centre(s)	Contact details	Programmes to be delivered
	Physical address:	1.
		2.
		3.
		4.
	Postal address:	5.
		6.
		7.
		8.
	Telephone:	9.
	Fax:	10.
	Physical address:	1.
		2.
		3.
		4.
	Postal address:	5.
		6.
		7.
		8.
	Telephone:	9.
	Fax:	10.
	Physical address:	1.
		2.
		3.
		4.
	Postal address:	5.
		6.
		7.
	Telephone:	8.
	Fax:	9.

[Use extra sheets if necessary and attach]

**E STAFF AND STUDENT INFORMATION**

17.

**Table 3a:**

- (i) In the case of an institution that is already operating, include the total number of students registered, on full-time and part-time basis, for the institution’s educational programmes.
- (ii) In the case of a new institution, include total number of students expected to be registered, on full-time and part-time basis, during the first 3 years of operation.

**NB**

- (1) *State the name of the programme in full, as mentioned in Table 1 of item 15.*
- (2) *The data should be expressed as headcount only.*

Programme of Study	Enrolment/Projected Numbers						Total
	Year 1		Year 2		Year 3		
	F/T	P/T	F/T	P/T	F/T	P/T	

Table 3b:

(i) In the case of an institution that is already operating, include the number of Academic staff employed in each of the departments. Examples of departments could be; Department of Computing, Department of Tourism, Department of Electrical Engineering, Department of Social Science, etc.

(ii) In the case of a new institution, include the number of Academic staff expected to be employed in each of the departments.

Department	No. of Current/Projected Staff		Total
	Full-Time	Part - Time	

Table 3c:

(i) In the case of an institution that is already operating, include the number of Administrative and Support staff employed.

(ii) In the case of a new institution, include the number of Administrative and Support staff expected to be employed.

Category	Status	Number	Total
Administrative Staff	Full - Time		
	Part - Time		
Support Staff	Full - Time		
	Part - Time		

18. Table 4: Academic/Research staff and their highest qualifications

Full Name of Staff Member	Academic Qualification	Level (s) staff teaches eg. Certificate level, Diploma level

Full Name of Staff Member	Academic Qualification	Level (s) staff teaches eg. Certificate level, Diploma level

[Use extra sheets if necessary and attach]

F INFORMATION ON INFRASTRUCTURE

Name of Location: \_\_\_\_\_

19 Table 5a General information: site, lease, rentals etc

Type of Property	Ownership	Monthly Rental	Lease Tenure <i>[in years]</i>	Evidence
1. Site				
2. Buildings				
3. Other assets:[please state]				

Table 5b Buildings: Classrooms, Libraries, Theatres, Laboratories etc.

Type of Facility	Number	Maximum Seating Capacity
1. Lecture rooms		
2. Staff offices		
3. Lecture theatres		
4. Library		
5. Laboratories:[name types below]		
[a]		
[b]		
[c]		
6. Workshops: [name types below]		

7. Conference rooms		
8. Ablution provision		
9. Others (please specify)		

**NB**

*Please state the full name of the Laboratories and the Workshops, for example; Biology Laboratory, Computer Laboratory, Food Technology Laboratory, Metal Workshop, Automotive Workshop, etc.*

Table 5c Other Staff and Student facilities

Type of Facility	Tick if available for use
1. Internet	
2. Photocopy	
3. Printing	
4. Telephone	
5. Others: [list below]	

**NB** *If there is more than one location, please make additional copies of the two pages.*



FIJI HIGHER EDUCATION COMMISSION

DECLARATION

I, \_\_\_\_\_  
[full name of authorized officer]  
the \_\_\_\_\_  
[designation of the authorized officer]  
of the \_\_\_\_\_  
[name of the institution]

do solemnly and sincerely declare that the information contained on the preceding pages is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable for prosecution.

Declared at \_\_\_\_\_ }  
this \_\_\_\_\_ day of }  
\_\_\_\_\_, 20\_\_\_\_. }

.....  
[Signature]  
(To be signed in front of the witness)



Official Stamp of the Institution

Before me:

\_\_\_\_\_  
[Full name of witness\*\*]

.....  
[Signature of witness]

Occupation \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Phone No. \_\_\_\_\_

\*\* This declaration can only be witnessed by a legal practitioner

DOCUMENTS TO ACCOMPANY SCHEDULE 2 FORM 1

A. RECOGNITION

ANNEX 1: Certificate of Recognition issued by the Commission.

Name this Annex as Certificate of Recognition

B. FINANCIAL VIABILITY REPORTS AND LEGAL STATUS

ANNEX 2: Business Plan including financial forecasts OR audited annual financial statements where applicable.

Name this Annex as Business Plan, Financial forecasts OR audited annual financial statements

ANNEX 3: Surety and Guarantees agreement.

Name this Annex as Surety and Guarantees agreement

ANNEX 4: Company registration documents

Name this Annex as Company registration documents

ANNEX 5: Business registration certificates or other proof of legal status.

Name this Annex as Business registration certificates

C. SAFETY AND SECURITY

ANNEX 6: Occupational Health and Safety [OHS] compliance certificates and license.

Name this Annex as Occupational Health and Safety [OHS] certificate

D. STUDENT SERVICES

ANNEX 7: Student prospectus, calendar or brochure

Name this Annex as Student prospectus, calendar or brochure

E. ADMISSION INFORMATION AND STUDENT RULES

ANNEX 8: Enrolment forms, student contracts, fees, rules and regulations.

Name this Annex as Enrolment forms, student contracts, fees, rules and regulations

F. OVERSEAS APPLICANTS MUST ALSO PROVIDE THE FOLLOWING DOCUMENTS

ANNEX 9: Documentary evidence to certify that the institution is an agency, branch, centre or campus of an overseas higher education institution.

Name this Annex as Proof of agency, branch, center or campus of an overseas higher education institution.

ANNEX 10: Documentary evidence to certify that the parent institution operates lawfully in its country of origin as a university, degree-awarding institute or any other higher education institution, and is accredited by the appropriate accrediting body.

*Name this Annex as Proof of lawful operation as a higher education institution in the country of origin*

ANNEX 11: Documentary evidence to certify that a qualification awarded in its name will be fully recognized by its parent institution and by the appropriate authorities in its country of origin subject to applicable regulations.

*Name this Annex as Proof of recognition of qualifications by the parent institution and other authorities*

ANNEX 12: Documentary evidence to certify that a student who is awarded the qualifications of the university or degree-awarding institute of technology will be eligible for a seat in the parent institution if he applies to enroll for an appropriate advanced qualification in the parent institution.

*Name this Annex as Proof of eligibility as a student in the parent institution*

**Table on Category of Higher Education Institutions**

Category Number	Description
1	Vocational Institution
2	Local Higher Education Institution conferring single awards up to diploma level
3	Local Higher Education Institution conferring multiple awards up to diploma level
4	Overseas Higher Education Institution conferring multiple awards up to diploma level
5	Local Higher Education Non-University Institution or Non Degree-awarding Institute of Technology conferring awards up to degree level
6	Overseas Higher Education Non-University Institution or Non Degree-awarding Institute of Technology conferring awards up to degree level
7	Overseas University or Degree-awarding Institute of Technology
8	Local University or Degree-awarding Institute of Technology