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World Council For Regular and Distance Education – WCRDE

Application for Membership by
WCRDE
World Council For Regular and Distance Education

Membership APPLICATION FORM

Applying to WCRDE for Membership

Thank you for your interest in applying for membership through WCRDE. Below are the steps an institution needs to undertake in order to complete the application process.

1. An institution needs to complete the Application Form and send this into the WCRDE office with the application fee as mentioned into [Membership Fee](#).
2. On its receipt, the application form will be checked by one of our assessors. WCRDE may then make a request to the institution for further information to support their application.
3. If an application is successful, WCRDE will forward the institution the WCRDE accreditation & membership certificate, logo and authorised wording to be used on the institution's website.
4. If an application is unsuccessful the application fee will be refunded to the source account minus an administration fee of US\$150.

Renewal for WCRDE Membership

The annual WCRDE Accreditation and Membership renewal fee of amount would be same, needs to be received and cleared by WCRDE prior to the expiry of the current period of accreditation and membership to ensure continuity. If the renewal fee is not received as previously stated, WCRDE Accreditation and Membership will be considered as withdrawn and the name of the institution will be removed from the WCRDE Accreditation page detailed on the WCRDE website. If WCRDE Accreditation and Membership is to be gained after it has been allowed to lapse, it will be considered to be a new application and therefore the initial fee as mentioned into [Membership Fee](#) will be required along with the completion of a new WCRDE Membership application form.

APPLICATION FORM

1. Institution Details

(State all places of operation and indicate which of these are to be accredited.)

The Category of Membership of 1-school, 2-institution (college), 3-university,

Name of Institution:

Details of operation(s) to be accredited:

Head of Institution (name and title):

Address:

Postcode:

Telephone Number:

Fax Number:

Email Address:

Website Address:

Email Address of Head of Institution:

Name & Email Address of person to whom all correspondence regarding the accreditation process should be addressed:

Name & Email Address of Finance Manager/Account Manager:

Name & Email Address of Admissions/International Manager:

Addresses of any other places the Institution operates:

Address of administrative headquarters (if different from above):

Where did you hear about WCRDE?

2. LEGAL STATUS & FINANCIAL DETAILS

Date of formation of the
Institution:
Details and dates of any recent (last 2 years) major re-structuring, such as change of ownership, change of
Institution name, change of premises:
Is the Institution publicly or privately owned? Yes No If a private company, please list the names of the Owners, Chairman, Directors, Trustees and Officers of the
company:

Owners:
Chairman:
Officers:
Directors:
Trustees:
Officers:

Is the Institution a subsidiary company of another organisation? Yes No

If so, give full details, including name, legal status, country in which the organisation was founded/incorporated etc:

Is the Institution a **Limited Company**? Yes No Company name: Registration no: Date of registration: Is the company limited by shares or by guarantee?

If the Institution is not a limited company, please state the terms on which the business operates:

The relevant documents from the list below authenticating the legal status of the Institution must be provided with the application form:

- If a Charity - the Charity Commission Registration Index.
- If a Limited Company – the Certificate of Incorporation.
- If a Partnership – the Partnership Agreement.
- If a subsidiary of another organisation – such documentation of the parent organisation as may be applicable to its legal status.

Name & address of the Institution bankers:

Name & address of the Institution accountants:

AREA OF OPERATION (A)

3 PREMISES

Are the premises owned or leased by the Institution?

If leased, please give expiry date(s) for the lease:

Please give details of teaching accommodation (including number and capacity of classrooms, research laboratories/facilities, computer suites, practice rooms), library, student common rooms, counselling rooms etc:

Please give details of resources and equipment to support teaching (e.g. LCD projectors, overhead projectors, IT equipment, interactive whiteboards, practice-related equipment, research resources etc):

Please give details of resources available to students for independent study and research, either in the Institution or elsewhere. Please state any link with local libraries and/or on-line library support, research centres:

Please give details of social/sporting facilities provided for students (e.g. common rooms or access to sporting facilities):

4 HEALTH & SAFETY

Do you have a letter of assurance or certificate from a relevant local body showing compliance with health/sanitary regulations or satisfactory reports by the Environmental Health Department or local equivalent (if food is prepared on the

Yes No

premises)? (In some countries this may not be applicable)

Name of the person responsible for health and safety:

Number of staff trained as first-aiders:

Please ensure that you complete and enclose the following:

- Appendix 3 – Health and Safety declaration
- Appendix 4 – Fire Precautions declaration (unless you have a Fire Certificate).

5 INSURANCE DETAILS

Do you have Employer’s Liability Compulsory Insurance? Yes No

AREA OF OPERATION (B)

6 STAFF

Vice Chancellor/CEO/Principal’s name and title:

Qualifications:

Years in post:

State the numbers of staff in the following categories:

Teaching staff	Full-time:	<input style="width: 100px;" type="text"/>
	Permanent part-time:	<input style="width: 100px;" type="text"/>
	Temporary/Occasional part-time:	<input style="width: 100px;" type="text"/>
	Research assistants	<input style="width: 100px;" type="text"/>
Support staff	Administrative:	<input style="width: 100px;" type="text"/>
	Technical:	<input style="width: 100px;" type="text"/>

7 STUDENTS

Does the institution hold an in country Government license to recruit international students? *If yes, please send a copy for confirmation* Yes No N/A

Indicate the numbers of students attending the Institution in each of the last two years:

Full-time (according to local regulations):	Year 1	Year 2
	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Part-time (according to local regulations):	Year 1	Year 2
	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>

Indicate the numbers of students currently attending the Institution:

	International (visa req’d)	Local
Full-time (according to local regulations):	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>

Part-time (according to local regulations):

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Please indicate the approximate number of international students attending the institution by country:

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Do you work with Educational Agents to recruit students?

Yes No

Are your agents allowed to do any of the following?

Take financial deposits on your behalf?

Yes No

Charge students for their services?

Yes No

Issue offer letters on your behalf?

Yes No

If yes, please indicate in which countries this is allowed?

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8 COPYRIGHT & DATA PROTECTIONS

Do you adhere to copyright regulations?

Yes No

Do you have a registration certificate regarding data protection?

Yes No

AREA OF OPERATION (D)

10 ACADEMIC PROGRESS

How does the institution monitor and record students' progress, including progress of research students?

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Do you monitor student completion rates?

Yes No

Do you have a staff development policy?

Yes No

AREA OF OPERATION (E)

11 STUDENT WELFARES

Please identify services provided for students and whether they are included within overall fees:

	Provided (Y/N)	Included in fee (Y/N)
Accommodation		
Recommended text books		
Teaching materials		

Internet access/e-mail		
Printing facilities		
Others (please specify)		
Research documentation.....		
.....		
.....		

Do you issue pre-arrival guidance to students advising on living in the campus Yes No

Do you provide a “meet and greet” service for students? Yes No

Please give a brief outline of this service?

Do you charge for this service? Yes No

Do you provide career guidance and counselling? Yes No

If yes, who is this given by? *E.g. dedicated careers staff, tutor, agent*

Please indicate any recreational activities and facilities that you provide for your students.

What other support do you provide, particularly with regard to international students?

12 STUDENTS UNDER 18 YEARS

Current number of students under the age of 18:

Describe the accommodation arrangements for these students:

Do you have a Child Protection Policy? Yes No

Number of staff police checked, if applicable:

13 SPECIAL NEEDS

Do you have a Disability Strategy?

Yes No

AREA OF OPERATION (F)

14 ACADEMIC PROGRAMMES

Please list ALL courses and Research activities, together with the awarding body, currently running at the Institution:

Courses leading to awards of universities
Courses leading to awards of Professional Bodies
Courses leading to awards of overseas organisations
Courses internal to the Institution
Research Activities

AREA OF OPERATION (G)

15 MARKETING

Name of Marketing Officer:

--

Does the institution have an Ethics Policy?

Yes No

Which countries do your appointed agents work in?

--

Which are the countries would you like to see an increase in recruitment of students?

--

Are there any countries for which you require further agents?

Yes No

If yes, please indicate the names of the countries you would require further agents.

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Do your agents/staff receive training on marketing? Yes No

How do you market your institution? *Please mark all applicable areas*

Local advertising Twitter

Exhibitions Facebook

International recruitment magazines Internet

Other (*Please state*)

Please note your website will be critically assessed during the Application process.

State when your prospectus and website were last updated:

16 SELECTION & ADMISSION OF STUDENTS

What are the language requirements for your programs?

Level required

Diploma

Advanced Diploma

Undergraduate

Post-Graduate

Please describe how the Institution initially assesses students' English Language and Study skills:

Please state provision made for teaching English as a second/foreign language. Is this provision accredited, and, if so, by whom?

Do you require all of your prospective students to be interviewed? Yes No

If yes, do you allow your agents / representatives to do this? Yes No

How do you establish a student's "true intent to study"?

AREA OF OPERATION (H)

17 a TRACKING & MONITORING OF LOCAL STUDENTS

Please provide details of the systems (paper-based and/or electronic) the institution has in place to track student attendance and measure cumulative attendance?

What mechanisms does the institution have in place for contacting students about their absence?

17b TRACKING & MONITORING OF INTERNATIONAL STUDENTS

Please provide details of the systems (paper-based and/or electronic) the institutions has in place to track student attendance and measure cumulative attendance?

What mechanisms does the institution have in place for contacting students about their absence?

How does the institution track applicants who have applied for visas then fail to enrol (no shows)?

What mechanisms does the institution have in place for contacting students about their absence?

Please describe the procedures for informing the immigration office of no shows, students whose attendance falls below local statutory limits and students who are not progressing through their course within the maximum timescale allowed:

References

Please give the names of two people willing to write in support of the institutions application for membership. At least one should be able to provide a personal reference for the Principal.

Person 1

Person 2

Appendix 1**Application for Membership by the World Council For Regular and Distance Education (WCRDE)****Declaration:** (To be made by the Principal)

1. I declare that to the best of my knowledge the institution, of which I am Principal, is financially stable and that I am able to meet my commitments in terms of both staff salaries and my advertised programme for the students.
2. I declare that the information provided in this application is correct and all supporting documents are genuine and accurate.
3. I have taken reasonable steps to confirm the accuracy of the claims made by staff in respect of qualifications and experience.
4. I am prepared to accept the final decision of WCRDE as to the outcome of this application.
5. I agree to indemnify WCRDE against all claims, demands, expenses and complaints arising from inaccuracies in the information given by me above.
6. I authorise WCRDE to approach the institutions bankers (as shown on p3) and the two people I have nominated as referees (as shown on p11) to gain information relating to this application, on the understanding that this information will be treated in absolute confidence.
7. I agree to inform WCRDE of any changes in the ownership of the institution or senior management, or significant variation in the academic programme, which occur more than three months before the scheduled date for renewing the institutions WCRDE accreditation and membership.
8. I accept that the term "WCRDE Member Institution" means that my institution is a member of WCRDE, and I undertake not to represent my institution as enjoying this recognition before it has been granted nor after it has been withdrawn or suspended.
9. I understand that failure of continuing compliance with the membership criteria may lead to the removal of my institutions membership by WCRDE.

Signed:

Date:

Name:

Position / Title:

For and on behalf of (name of institution):

Appendix 2

COURSE DETAILS

A separate sheet should be completed for each course.

Course title

Entry qualifications

Maximum number in class

Average class contact hours per week

Examining body

Academic level

Certificate awarded, and by whom

Duration of course

Teacher/Course Leader responsible for the course

Brief outline of the course content and its delivery

HEALTH AND SAFETY DECLARATION

Declaration to be completed to comply with Health and Safety Executive requirements.

I confirm that the institution satisfies the nine basic WCRDE requirements placed upon employers by the Health and Safety Executive, namely:

1. A risk assessment has been carried out, which has identified any areas of harm and precautions to be taken.
2. A health and safety policy exists for the institution.
3. The institution has current Employer's Liability Compulsory Insurance on display.
4. Named staff have received health and safety training.
5. The institution receives competent advice to assist in meeting health and safety requirements.
6. Basic health, safety and welfare needs of staff and students are met i.e. toilets, washing facilities, drinking water are provided on the premises.
7. Staff are consulted on health and safety issues.
8. The health and safety law poster is on display.
9. There is a facility for reporting work-related accidents, diseases and dangerous occurrences.

Signed (Principal/Owner):

Date:

Name of Institution:

Addresses of premises to which this declaration applies:

FIRE PRECAUTIONS

Declaration to be completed when no Fire Certificate is required

- 1 I certify that the premises identified below do **not** require a Fire Certificate in order to comply with statutory requirements. Instead, a fire risk assessment has been undertaken.
- 2 I am satisfied that adequate steps have been taken to ensure that:
 - 2.2 The means of escape with which the premises are provided are safe and efficient and that escape routes are unobstructed and clearly signposted.
 - 2.3 Fire detection equipment, fire extinguishers, fire alarms and emergency lighting within the premises are maintained in efficient working order.
 - 2.4 All employees and students receive instructions on what to do in the event of fire.
 - 2.5 Fire drills are held at appropriate intervals and that these are recorded.
- 3 I am satisfied that there is a minimal risk of danger from fire to the students in my care, and I understand that I am committing an offence if I do not provide the means of escape or the means for fighting fires.

Signed (Principal):

Date:

Name of Institution:

Please give the addresses of all premises to which this declaration applies: