Submitted by:

**Name of Institution**

Click here to enter a date.

**Date of Submission**

Submitted to:

**National Accreditation & Equivalency Council of The Bahamas**

Tonique Williams Darling Highway & Knowles Drive

P.O. Box N-3913

Nassau, N.P., The Bahamas

**Email:** [**naecob@moe.edu.bs**](mailto:naecob@moe.edu.bs)

**Instructions:**

This annual report is to serve as an update on the status of the institution over the last operational year and to make NAECOB aware of any changes.

Only **new** information should be provided**.**

This report has six (6) parts: General Information, Programme Details, Institutional Statistics, Staff, Governance and Signature.

All new faculty/instructional staff hires or faculty who would have obtained additional academic qualifications since the last annual report, must submit credentials/ documents to NAECOB for an evaluation along with the associated assessment cost(s).

**Answer all sections applicable to your institution/organization.**

**PART I: GENERAL INFORMATION**

**ANNUAL REPORT YEAR**: Click here to enter text.

**NAME OF INSTITUTION**: Click here to enter text.

**TYPE OF INSTITUTION**: Click here to enter text.

**PROPRIETOR:**  Click here to enter text.

**POSTAL ADDRESS**: Click here to enter text.

**STREET ADDRESS**: Click here to enter text.

**TELEPHONE NUMBER**: Click here to enter text.

**FAX NUMBER:** Click here to enter text.

**E-MAIL ADDRESS**: Click here to enter text.

**WEBSITE**: Click here to enter text.

**PART II: PROGRAMME DETAILS**

|  |
| --- |
| 1. **LEVEL OF PROGRAMME OFFERINGS** *(Please check all that apply)*   Department of Education Curricula  Grade Level Assessment Test (GLAT)  Bahamas Junior Certificate (BJC)  Bahamas General Certificate of Secondary Education (BGCSE)  Other Primary/ High School Curricula (*Please specify type and duration of program/course*)  Click here to enter text. |
| 1. **TYPE OF PROGRAMMES/COURSES***(Please check all that apply)*   Early Childhood  Primary School  High School  Special Needs *(Please specify)* Click here to enter text. |
| 1. **AFFILIATION/ACCREDITATION**   Are there any new agreements or renewal agreements?  **NO  YES** *If yes, please attach agreement.*   |  |  |  | | --- | --- | --- | | **NAME OF INSTITUTION** | **NATURE OF ASSOCIATION** | **PERIOD OF AGREEMENT** | |  |  |  | |
| 1. **POLICIES**   Please indicate if there are any **NEW** polices or if changes were made to existing policies.  **NO  YES** *If yes, please attach new policy(s) and/or changes made.*  Admissions Policies  Records Management Policies and Procedures  Instructional Staff Policies and Procedures  Student- Related Policies and Procedures  Administrative & Support Staff Policies |

|  |
| --- |
| 1. **PHYSICAL FACILITIES**   Were there any changes/adjustments to the physical facilities of your institution? *(e.g. renovations, new classrooms, new buildings etc.)*  **NO  YES** *If yes, please provide more information.*  Click here to enter text. |
| 1. **LEARNING RESOURCES**   Were there any changes/additions to the learning resources at the institution?  **NO  YES** *If yes, please provide more information.*  School Management System  Electronic Library  Instructional Equipment and Supplies  Multimedia Resources  Click here to enter text. |
| 1. **BUSINESS LICENSE**   *The institution must provide a copy of a current business license to prove its legitimacy to operate and to show good standing within the requirements and regulations of The Bahamas Business Act.*  Please provide a copy of your current business license. Provide memorandum of agreement and/or incorporation certificate *(if applicable).*    Business license  Memorandum of agreement  Incorporation certificate |

|  |
| --- |
| 1. **Finance**   *The institution must have the necessary financial resources to achieve the objectives of its programmes and services and must provide evidence that there are funds sufficient to maintain quality educational programmes and to complete the education of all students enrolled. Financial Statements and independent auditor’s report should be provided of the total operation of the institution (as soon as possible).*   1. **Were there any changes to the tuition fee schedule per student?**   **NO  YES** *If yes, please attach tuition fee schedule.*   1. **Were there any additional charges/source of funding during the academic year?**   **NO  YES** *If yes, please attach tuition fee schedule.*   1. **PLEASE ATTACH THE FINANCIAL STATEMENT AND OR INDEPENDENT AUDITOR’S REPORT FOR THE ACADEMIC YEAR.** |
| 1. **ACADEMIC YEAR (AT-A-GLANCE)**   Elaborate on the highlights/milestones/challenges the institution would have encountered over the last year.  Click here to enter text. |
| 1. **SUPPORTING DOCUMENTS**   List any other supporting documents.  Click here to enter text. |

**PART III: INSTITUTIONAL STATISTICS**

**PLEASE INCLUDE NUMBER OF FULL/ PART-TIME STUDENTS and FACULTY AT THE DATE WHEN THE REPORT IS SIGNED**

SECTION 3.A PRE-SCHOOL and PRIMARY SCHOOL

SECTION 3.B HIGH SCHOOL

SECTION 3.C FACULTY

**SECTION 3.A– PRE-SCHOOL AND PRIMARY SCHOOL STUDENT NUMBERS**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NUMBER OF PRE-SCHOOL and PRIMARY STUDENTS** | | | | | | | | | | | |
| **FULL TIME** | | | | | | | | | | | |
| **AGE AS OF SEPTEMBER 30TH** | **2 YEARS AND UNDER** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **OVER 11** | **TOTAL** |
| **MALE** |  |  |  |  |  |  |  |  |  |  |  |
| **FEMALE** |  |  |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NUMBER OF STUDENTS AS OF SEPTEMBER 30TH** | **PRE-SCHOOL** | **KINDER-GARTEN** | **GRADE 1** | **GRADE 2** | **GRADE 3** | **GRADE 4** | **GRADE 5** | **GRADE 6** | **TOTAL** |
| **MALE** |  |  |  |  |  |  |  |  |  |
| **FEMALE** |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |

**SECTION 3.B - HIGH SCHOOL STUDENT NUMBERS**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NUMBER OF HIGH SCHOOL STUDENTS** | | | | | | | | | | | |
| **AGE AS OF SEPTEMBER 30TH** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **OVER 19** | **TOTAL** |
| **MALE** |  |  |  |  |  |  |  |  |  |  |  |
| **FEMALE** |  |  |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NUMBER OF STUDENTS AS OF SEPTEMBER 30TH** | **GRADE 7** | **GRADE 8** | **GRADE 9** | **GRADE 10** | **GRADE 11** | **GRADE 12** | **TOTAL** |
| **MALE** |  |  |  |  |  |  |  |
| **FEMALE** |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |

**SECTION 3.C - FACULTY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NUMBER OF FACULTY** | | | | | | |
| **AS OF SEPTEMBER 30TH** | **MALE** | **FEMALE** | **FULL-TIME** | **PART-TIME** | **BAHAMIAN** | **NON-BAHAMIAN** |
| **TOTAL NUMBER OF TEACHERS** |  |  |  |  |  |  |
| **TEACHERS ADDED TO STAFF THIS YEAR** |  |  |  |  |  |  |
| **TEACHERS REMOVED FROM STAFF THIS YEAR** |  |  |  |  |  |  |
| **TEACHERS WITH TEACHER’S CERTIFICATE/ DIPLOMA OF EDUCATION** |  |  |  |  |  |  |

**PART IV: STAFF**

**SECTION A: ADMINISTRATIVE AND SUPPORT STAFF**

*The Institution has qualified administrative officers with the experience and competence to lead the institution. Should academic credentials and previous experience not reflect an alignment with the current or proposed position, justification of the appointment must be given.*

1. **UPDATE TABLE include information for NEW HIRES ONLY since last ANNUAL REPORT submission**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ADMINISTRATIVE AND SUPPORT STAFF** *NEW HIRES ONLY* | | | | |
| **NAME** | **NATIONALITY** | **QUALIFICATIONS**  **UNIVERSITY DEGREE/ DIPLOMA** | **AREA OF RESPONSIBILITY** | **FULL TIME OR**  **PART-TIME** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**SECTION B: FACULTY** *(Please include copies of certificates/degrees and other relevant documentation for ALL* ***NEW HIRES*** *SINCE LAST ANNUAL REPORT)*

*The number of full-time faculty members is adequate to support the mission of the institution and to ensure the quality and integrity of its academic programmes. \*\*Please note that a full-time administrator who teaches is not considered full-time faculty.\**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FACULTY/ INSTRUCTIONAL STAFF** *NEW HIRES ONLY* | | | | | | | | | | |
| **NAME** | **MALE** | **FEMALE** | **NATIONALITY** | **QUALIFICATIONS** | | | **YEARS AND TYPE OF EXPERIENCE** | **SUBJECT(S) TAUGHT** | **FULL-TIME OR PART-TIME** | **TOTAL TEACHING LOAD IN HOURS PER WEEK** |
| **UNIVERSITY DEGREE** | **DIPLOMA** | **TEACHER’S CERTIFICATE** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**PART V: GOVERNANCE**

**GOVERNANCE** *(Please include names of persons on your Board of Directors*):

*The Institution’s Governing Board must comprise a minimum of five (5) persons with specific authority over the institution and is an active policy making body. The Board should ultimately be responsible for ensuring that financial resources are adequate to provide sound educational programmes. The CEO/President cannot be the Chair of the Board.*

*Should there be no changes to Board Members, one letter signed by each Board Member verifying continued acceptance in their role on the Board should be submitted****. (if applicable)***

|  |  |  |  |
| --- | --- | --- | --- |
| **BOARD OF DIRECTORS** | | | |
|  | **NAME** | **OCCUPATION** | **TENURE** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

**PART VI: SIGNATURE**

**SIGNATURE ATTESTING TO COMPLIANCE**

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of institution) has provided complete and accurate disclosure of information and has attached a complete and accurate listing of all programmes offered by the institution and all substantive changes, the location of the programmes and the modes of delivery of programmes.***

Signature of CEO: Click here to enter text. Date: Click here to enter a date.

Signature of Proprietor: Click here to enter text. Date: Click here to enter a date.

Signature of Principal/President/Director: Click here to enter text. Date: Click here to enter a date.

**Please return completed form to:**

***The National Accreditation and Equivalency***

***Council of the Bahamas (NAECOB)***

**Tonique Williams Darling Highway & Knowles Drive**

**P.O. Box N-3913**

**Nassau, N.P., The Bahamas**

**Telephone: 328-8872/3**

**Email:** [**naecob@moe.edu.bs**](mailto:info@naecob.org)