



**APPLICATION FORM FOR ACCREDITATION OF TRAINING INSTITUTIONS**

In order to enable kasneb evaluate your institution for purposes of accreditation, you are required to complete this application form and submit it together with all supporting documents to:

**The Secretary and Chief Executive  
kasneb  
P.O. Box 41362 - 00100  
NAIROBI**

**All the information provided in this form will be treated with confidentiality.**

Please read the guidelines for accreditation carefully before completing this form.

**A. GENERAL INFORMATION**

1. Name of institution:  
.....
2. Physical location: Country..... Town/city.....  
Street..... Building.....
3. Contact address:  
(a) Postal address: P.O. Box ..... Code:..... City/Town:  
..... Country:.....  
(b) Telephone:..... Fax: .....
- (c) Email:..... Website:.....  
.....
4. Campuses or branches (indicate physical location, address, name and tel. no of contact person).....  
.....  
.....

**B. REGISTRATION PARTICULARS**

1. Type of entity (tick as appropriate):  
(a) Government institution: (*specify if polytechnic, technical college, other*):.....  
(b) Limited company:.....  
(c) Partnership:.....  
(d) Sole proprietorship:.....  
(e) Church sponsored.....

- (f) Other (pleas specify).....
2. Ministry under which institution is registered and date of registration (*attach a copy of registration certificate*):.....
3. Date(s) of registration/approval with the Local Authority and/or other regulatory authorities (*attach a copy of each registration certificate or other evidence*).  
.....
4. Names of directors/partners/owner (*if a non-governmental institution*)  
.....  
.....

**C. INSTITUTIONAL ADMINISTRATION AND GOVERNANCE**

1. (a) Indicate below the name of Head of the institution together with his/her academic and professional qualifications as relevant:  
\_\_\_\_\_  
\_\_\_\_\_
- (b) Is the Head of the institution available on a full-time basis for the management of the institution?  
YES  NO
- (c) Is there a system to periodically evaluate the performance of the Head of the institution?  
YES  NO   
If yes, briefly explain the system and the parties involved in the evaluation.  
\_\_\_\_\_  
\_\_\_\_\_
2. (a) Does the institution have a documented organisational structure?  
YES (*attach copy*)  NO
- (b) Are the roles, authority and responsibilities of various officers in the chain of command clearly defined, documented and communicated to the relevant officers?  
YES  NO   
If yes, briefly explain how this has been achieved.  
\_\_\_\_\_
- (c) Is the decision making process clearly understood by all the parties involved?  
YES  NO
3. Comment on the independence of the management to make decisions regarding the operational affairs of the institute.  
\_\_\_\_\_
4. (a) Indicate whether the institution has policies to address the following issues:
- (i) Recruitment, appraisal, promotion and dismissal of:
- |              | YES                      | NO                       |
|--------------|--------------------------|--------------------------|
| • Management | <input type="checkbox"/> | <input type="checkbox"/> |
| • Staff      | <input type="checkbox"/> | <input type="checkbox"/> |
| • Trainers   | <input type="checkbox"/> | <input type="checkbox"/> |
- (ii) Non-discrimination on the basis of race, religion, culture, national origin, sex or age. YES  NO

(iii) Involvement of the following in decision making in areas in which they have a significant and direct interest touching on their welfare:

	YES	NO
Staff	<input type="checkbox"/>	<input type="checkbox"/>
Trainers	<input type="checkbox"/>	<input type="checkbox"/>
Students	<input type="checkbox"/>	<input type="checkbox"/>

(b) Indicate any other significant institutional policies in existence and of relevance to accreditation. \_\_\_\_\_

(c) Are the policies in 4 (a) and (b) above documented and communicated to the parties concerned?

YES  NO

5. Briefly describe the communication channels that exist between the institution and:

(a) Management: \_\_\_\_\_

(b) Staff: \_\_\_\_\_

(c) Trainers: \_\_\_\_\_

(d) Students: \_\_\_\_\_

6. (a) Indicate the following details regarding the administrative staff that provide services to **kasneb** students:

Division/department	Number of staff	Highest qualification	Lowest qualification

(b) Comment on staff turnover in the institution within the last 12 months. \_\_\_\_\_

7. (a) Does the institution have off-site/satellite campuses or branches?

YES  NO

If yes, proceed to 7(b).

(b) Are the authority and responsibility relationships between the main institution and independent campuses/branches documented and clearly delineated?

YES  NO

8. Does the institution have codes of ethics to govern the conduct of:

(i) Management? YES  NO

(ii) Staff?

(iii) Trainers?

(iv) Students?

(v) Other parties? (specify) \_\_\_\_\_

9. Is there an internal quality assurance system in place to ensure continuous evaluation and improvement of institutional policies, processes and procedures?

YES  NO

If yes, briefly explain the system:

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10. Financial stability:

(a) Are financial statements audited by external auditors or otherwise independently verified? YES  NO

If yes, please explain.

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(b) Does the institution maintain in its records the financial statements for the three years, (or since registration if the shorter period)?  
YES  NO

(c) Comment on the financial stability of the institution with regard to:

(i) Adequacy of the liquid assets to meet short-term obligations.

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(ii) Financial performance trends over the past three years (or from date of registration if the shorter period).

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(iii) The strength of the capital structure with regard to providing reasonable assurance of the institution's long-term financial stability.

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(d) List some of the key internal controls in place to safeguard the institution's finances.

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*[Note: kasneb reserves the right to inspect the institution's financial statements for purposes of confirming the information provided above].*

11. Institutional integrity:

(a) Has the institution been investigated by **kasneb** concerning any cases of examination irregularities within the last three years?

YES  NO

If yes, indicate the measures undertaken by the institution to prevent recurrence of such irregularities.

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(b) Are there mechanisms and controls to ensure all monies collected by the institution from students for remission to **kasneb** are properly accounted for and remitted on time?

YES  NO

If yes, please explain.

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*Note: A list indicating the names, designations and qualifications of key management staff should be attached.*

**D. TRAINERS**

1. Provide the following information relating to the trainers of **kasneb** courses in the institution:

Course Title	Number of students		Number of trainers		Trainers' qualifications		Lecture hours per week per trainer		Course hours per paper per semester	
	Full-time	Part-time	Full-time	Part-time	Highest	Lowest	Maximum	Minimum	Maximum	Minimum
CPA Part I - Section 1										
Section 2										
CPA Part II - Section 3										
Section 4										
CPA Part III - Section 5										
Section 6										
CPS Part I - Section 1										
Section 2										
CPS Part II - Section 3										
Section 4										
CPS Part III - Section 5										
Section 6										
CICT Part I - Section 1										
Section 2										
CICT Part II - Section 3										
Section 4										
CIFA Part III - Section 5										
Section 6										
CIFA Part I - Section 1										
Section 2										
CIFA Part II - Section 3										
Section 4										
CIFA Part III - Section 5										
Section 6										
CCP Part I - Section 1										
Section 2										
CCP Part II - Section 3										
Section 4										
CCP Part III - Section 5										
Section 6										
ATD - Level I										
Level II										
Level II										
DICT - Level I										
Level II										
Level III										
DCM - Level I										
Level II										
Level III										

(Attach a list showing the names, qualifications, subjects taught and nature of contract for each trainer of **kasneb** courses. The curriculum vitae and certified copies of relevant certificates for each trainer **MUST** also be attached).

2. Does the college run Distance Learning Programmes for **kasneb** courses?

YES  NO

If YES, indicate the KASNEB course(s) involved and approximate number of students in each course

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3. Do trainers prepare work plans showing programme for syllabus coverage in the semester?

YES  NO

If yes, are the work plans reviewed, approved by management and updated as appropriate?

YES  NO

4. (a) Are trainers regularly evaluated by students?

YES (*attach copy of evaluation form*)  NO

If yes, briefly explain below the mode of evaluation and proceed to 4 (b) and (c).

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(b) Is proper and timely feedback provided to trainers on the evaluation results?

YES  NO

If yes, briefly explain how this is achieved.

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(c) Comment on the general effectiveness of the trainers' evaluation system.

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5. (a) Is there a system for trainers to periodically evaluate students' performance and progress?

YES  NO

If yes, briefly explain and proceed to parts 5 (b), (c) and (d).

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(b) Are continuous assessment tests (CATs) and assignments compulsory for all students?

YES  NO

If yes, how is this enforced?

CATs: \_\_\_\_\_

ASSIGNMENTS: \_\_\_\_\_

(c) Does the institution maintain a record of students' performance?

YES  NO

If yes, for how long?

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(d) Are follow-ups made on students' performance to ensure continuous improvement?

YES  NO

If yes, briefly explain how this is done.

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6. Does the management hold meetings with trainers to discuss issues of common interest?

YES  NO

If yes, indicate the frequency of meetings per year.

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7. (a) Comment on your institution's strategies to attract and retain qualified and competent trainers.

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(b) Comment on the turnover of trainers in the institution within the last twelve months.

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8. **To be filled by institutions offering or intending to offer training for CPA and ATD examinations.**

*International Education Standard (IES) 3 - Professional Skills and General Education requires accountancy education programmes to impart, among other skills, personal, interpersonal, communication, presentation and reporting skills (refer to the guidelines on accreditation of training institutions).*

*IES 4 – Professional values, ethics and attitudes requires the presentation of professional values, ethics and attitudes to students be enhanced through the use of participative approaches (refer to the guidelines on accreditation of training institutions).*

Comment on whether the training programmes in your institution comply with the requirements of IES 3 and IES 4.

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**E. PHYSICAL AND TECHNOLOGICAL RESOURCES**

1. Are the premises/buildings owned or rented/leased? (*attach evidence.*)

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2. Are the physical and technological resources within the premises owned or rented/leased? (Specify where partially owned or rented/leased).

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3. Indicate the following:
  - (a) Classrooms/lecture theatres

Professional examinations	Number of classrooms/lecture theatres allocated (including common facilities)	Estimated seating space in square metres	Seating capacity		
			Largest class	Smallest class	Total capacity
CPA					
CPS					
CICT					
CIFA					
CCP					
<b>Diploma examinations</b>					
ATD					
DICT					
DCM					

Comment on the source and adequacy of lighting and ventilation in the classrooms/lecture theatres.

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- (b) Staff common/consultation room(s):
  - (i) Number of staff common/consultation rooms

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  - (ii) Combined seating capacity

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  - (iii) Source of lighting and ventilation

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- (c) Library and books/reference materials available to **kasneb** students.
  - (i) Number of libraries (specify if digital libraries)

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  - (ii) Combined seating capacity

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(iii) Source of lighting and ventilation

(iv) Estimated total number of books and reference materials categorised into the main subject areas; as follows:

	Accounting, Auditing, Taxation and related areas	Finance and related areas	Economics and related areas	Management, Governance, Entrepreneurship and related areas	Law and related areas	ICT and related areas	Credit Management and related areas	Other areas (specify)	Total
Estimated number of books									
Estimated total value of books (Sh.)									
Number of books from the KASNEB recommended reading list									

(d) For institutions offering or intending to offer kasneb ICT courses, the following additional details should be provided:

(i) Computer laboratories

Computer Laboratories	Seating capacity	Number of computers available for training	Number of computers with network adapter cards	Total space (in square metres)
1.				
2.				
3.				
4.				
5.				

(ii) Specifications of the computers:

Number of Computers	Processor type	Processor speed	RAM Capacity	Hard disk capacity

(iii) Other ICT accessories available in the computer laboratories:

Item/accessory	Number of accessories in working condition
Printers	
Scanners	
Routers	
Bridges	
Computer tool kits	
Power back-up facilities	

(iv) Local Area Network (LAN)

Type of items connected to the LAN	Number
Computers	
Printers	



Scanners	
Modems	
Switches	
Terminating tools	

(v) Do you have internet facilities for students pursuing **kasneb** ICT courses?

YES  NO

If yes, how many computers are connected to the internet?

(vi) Academic software available in your institution:

No	Academic software	Type of software available
1.	Operating system/s	
2.	Word processor	
3.	Spreadsheets	
4.	Database Packages	
5.	Presentation Packages	
6.	Desktop Publishing Packages	
7.	Structured Programming Languages	
8.	Object Oriented Programming Languages	
9.	Internet Programming Languages	
10.	Web Server	
11.	Firewall	
12.	Antivirus	
13.	Mail Server	
14.	Others (please specify)	

4. Buildings and other constructions:

(a) Are buildings and similar structures constructed and maintained in accordance with:

	YES	NO
(i) The Building Code	<input type="checkbox"/>	<input type="checkbox"/>
(ii) The Public Health Act	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Other relevant regulations, if applicable (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>

(b) Comment on the following in relation to the buildings and other constructions:

(i) Accessibility including for persons with disabilities.

\_\_\_\_\_

(ii) Safety including fire safety.

\_\_\_\_\_

(iii) Security.

\_\_\_\_\_

(iv) Cleanliness and conduciveness for use.

\_\_\_\_\_

(v) Sanity conveniences for persons of different gender.

\_\_\_\_\_

5. Comment on the appropriateness of the institution's location in relation to conduciveness of the learning environment.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Can a trainer be able to interact with and physically reach all students in the classroom with ease?

YES  NO

7. Can all students in the classroom clearly see and hear the trainer and also see without strain any writings on the blackboard/whiteboard/screen?  
YES  NO
8. Does the institution undertake planning for physical and technological resources?  
YES  NO   
If yes, please indicate how this is achieved?  
\_\_\_\_\_
9. Indicate any on-going or planned capital projects to be undertaken within the next three years. \_\_\_\_\_

**F. STUDENT AFFAIRS AND SUPPORT SERVICES**

1. Indicate whether the following services are provided to students.
- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| (a) Academic and career advisory services | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Handling of students' complaints      | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Guidance and counselling services     | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) HIV/AIDS awareness                    | <input type="checkbox"/> | <input type="checkbox"/> |
2. Does the institution encourage and support democratic student leadership initiatives?  
YES  NO   
If yes, please explain how this has been achieved.  
\_\_\_\_\_
3. Does the institution run an orientation programme for new students?  
YES  NO   
If yes, please explain how this is done.  
\_\_\_\_\_
4. Are students provided with an opportunity to evaluate the performance of management, trainers and staff?  
YES {attach a sample of the evaluation form(s)}  NO   
If yes, state frequency  
\_\_\_\_\_

**G. DECLARATION**

I declare that, to the best of my knowledge and belief, the information provided on this form is true and correct.

**Name of Principal/Director:**

.....

**Signature:**

.....

**Date and rubber stamp**

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