OFFICE USE

Date received: .......................

Application no: .......................

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|  |  |
| --- | --- |
|  | Eswatini Qualifications AuthorityApplication to Verify Post-Secondary Education Certificates |

Please include all supporting documents with the application and indicate what these documents are in the relevant sections of this form.

**SECTION A**: **Personal information**

|  |  |
| --- | --- |
| 1. Surname
 |  |
| 1. Names
 |  |
| 1. Title
 |  |
| 1. Marital status (tick
 | *single*  | *married* | *separated* | *divorced* | *widowed* |
|  |  |  |  |  |
| 1. Nationality
 |  |
| 1. Country of birth
 |  |
| 1. Gender
 |  |
| 1. Date of birth
 |  |
| Contact details |
| 1. Telephone
 |  |
| 1. Cell phone
 |  |
| 1. Fax number
 |  |
| 1. Email address
 |  |
| 1. Postal address
 |  |
| 1. Physical address
 |  |
| References (4) |
| *(two from the institution where certificate was obtained)* |  |
|  |
| *(two from outside the institution where certificate was obtained)* |  |
|  |

**SECTION B**: **Information about the qualification**

1. Entry Requirements to the program Studied:

………………………………………………………………………………………………

………………………………………………………………………………………………

………………………………………………………………………………………………

………………………………………………………………………………………………

……………………………………………………….

1. Title/Name of qualification: in full + abbreviations:

………………………………………………………………………………………………

………………………………………………………………………………………………

…………………………………………………………

1. Name of institution where qualification was obtained:

……………………………………………………………………………………………

……………………………………………………………………………………………

…………………………………………………………

1. Correspondence address of institution+ telephone number+ fax number+ email Address

………………………………………………………………………………………………………

………………………………………………………………………………………………………

………………………………………………………………………………………………………

……………………………………………………………

 5. Purpose of Evaluation

…………………………………………………………………………………………………

………………………………………………………………………………………………….

6. Duration of program of study leading to qualification:

|  |  |  |  |
| --- | --- | --- | --- |
| *In years* | *In semesters* | *In modules* |  *Credit hours per module* |
|  |  |  |  |

|  |  |
| --- | --- |
| *Full Time* | *Part Time* |
|  |  |

7. Was course taken FULL TIME or PART TIME? (Tick)

8. Date qualification conferred/ awarded:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *d* | *d* | *M* | *m* | *y* | *y* |
|  |  |  |  |  |  |

9. Country where qualification was obtained:

…………………………………………………………………………………………………

10. Continent where country is situated:

…………………………………………………………………………………………………

**SECTION C:** **Background Training and Professional information.**

1. Any previous qualifications held by applicant?( list)

a) …………………………………………………………………………………………………

b)………………………………………………………………………………………………….

c)………………………………………………………………………………………………

d)………………………………………………………………………………………………

 2. Work experience (describe)

 ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

3. Vocational training (describe)

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

 4. Apprenticeship (describe)

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**SECTION D:**  **Accompanying documents**

|  |
| --- |
| Place a tick to the right of the applicable document as it is handed in:Certified copies of each of the following |
| 1. | National ID \* |  |
| 2. | Passport |  |
| 3. | Birth certificate\* |  |
| 4. | O’Level Certificate/ equivalent\* |  |
| 5. | Marriage certificate |  |
| 6. | Temporal or permanent residence permit |  |
| 7. | Driver’s license |  |
| 8. | Graded Tax Clearance Certificate( Swazis only) |  |
| 9. |  Academic certificate under evaluation\* |  |
| 10. |  Transcript \* |  |
| 11. |  Other(specify) |  |

 ***NOTE:*** *Items marked with \* are compulsory for all applicants*

**SECTION E: Declaration by Applicant**

I ……………………………………………………………………………………… do declare that the information I have given above is true and correct.

Signature………………………………………….

Date………………………………………………..

**Consent Form for Evaluation of Qualification and Certificate**

I, the undersigned, hereby give my consent to the **Eswatini Qualifications Authority** to use my personal and academic information, including all documents given to the Authority by me, for the purpose of evaluation and verification of my qualification and certificate. I will accept the outcome of this evaluation, being aware of all the possible outcomes, and its possible effects on my academic, social and economic progression.

Name of Applicant (in block letters):

………………………………………………………………………………………………

Signature of Applicant…………………………..

Date ……………………………………………