



#### **COLOMBO PLAN STAFF COLLEGE**

#### ASIA PACIFIC ACCREDITATION AND CERTIFICATION COMMISSION

CPSC Building, Block C DepEd Complex, Meralco Avenue, Pasig City, Metro Manila, Philippines Phone (+63-2) 631-0991, 93 to 95 Fax (+63-2) 633-8425/631-0996 E-mail: <a href="mailto:apacc@cpsctech.org">apacc@cpsctech.org</a> Website <a href="mailto:http://www.apacc4hrd.org">http://www.apacc4hrd.org</a>



## APPLICATION FORM FOR APACC ACCREDITORS

## I. Personal Information

#### \*Fields are compulsory

- 1. Please indicate the country where you are living presently.
- 2. Please include area code in your contact numbers.
- 3. Please register present e-mail address.

Photo\* (2" x 2")

TITLE*			FAMILY NAME*	FIRST NAME*			FAMILY NAME AT BIRTH*		
Address* City				Postal Code		Cou	ntry		
Private TEL			Work TEL	Mob	ile F	hone			Fax
E-mail addı	ress*								
Date of Birt	th*				Gender*				
Country of	birth*				Place of birth*				
Marital Stat	tus*				Nationality at birth*		th*		
Spouse's N	lame				Spouse's Birt		ate		
		(1)			1			(1)	
Childre	n'e	(2)			1	Children's Bir	#h	(2)	
	_	(3)				Dates	ui	(3)	
Names	3	(4)				Dates		(4)	
		(5)						(5)	
Present Na	ationalit	y*							

## II. Education

## 2.1 Secondary Education or equivalent

✔ Please list in reverse chronological order your secondary education or equivalent

TITLE OF OBTAINED (DD/MM/YYYY)		SCHOOL/INSTITUTION	COUNTRY

# 2.2 Higher Education

✔ Please list in chronological order the educational degrees/diplomas obtained and institutions attended.

## (1) Bachelor's Degree

ORIGINAL TITLE OF DEGREE/DIPLOMA			
Type of Degree/Diploma			
When Obtained (dd/mm/yyyy)		Duration	( )Years
Inclusive Date	From(Month/Year)	To(	Month/Year)
Field of Study			
Major Subject(S)			
Name of University/School			
Location of University/School	Place		Country

## (2) Master's Degree

ORIGINAL TITLE OF DEGREE/DIPLOMA				
Type of Degree/Diploma				
When Obtained (dd/mm/yyyy)		Duration	( )Years	
Inclusive Date	From(Month/Year)	To(	Month/Year)	
Field of Study				
Major Subject(S)				
Name of University/School				
Location of University/School	Place	Country		
Location of University/School				
			_	

## (3) **Doctoral Degree**

ORIGINAL TITLE OF DEGREE/DIPLOMA			
Type of Degree/Diploma			
When Obtained (dd/mm/yyyy)		Duration	( )Years
Inclusive Date	From(Month/Year)	To(Month/Year)	
inclusive Date			
Field of Study			
Major Subject(S)			
Name of University/School			
Location of University/School	Place		Country
Location of University/School			

## (4) Post-Doctoral/Other Advanced Study

ORIGINAL TITLE OF DEGREE/DIPLOMA				
Type of Degree/Diploma				
When Obtained (dd/mm/yyyy)		Duration	( )Years	
Inclusive Date	From(Month/Year)	To(Month/Year)		
iliciusive Date				
Field of Study				
Major Subject(S)				
Name of University/School				
Location of University/School	Place	Country		
Location of University/School				

# III. EXPERIENCES IN ACCREDITATION

# 3.1 Self Survey

TYPE OF INVOLVEMENT			DURATION*	FROM(DD/MM/YYYY)		TO(DD/MM/YYYY)		
Name of Institution/Agency (Write Full Name)*								
Tel No. *			Fax No.*	E-mail Address*		*		
Address*		Location	Place (City)	City) Country		Official Website		
Specific Ass	Specific Assignments Performed							

## 3.2 Formal Survey

TYPE OF	NT	DURATIO		D/MM/YYYY)	TO(DD/MM/YYYY)		
Name of Inst (Write Full Na	_	;y			.I		
Tel No. *		Fax No.*		E-mail Addres	s*		
	Location	on Place (City	r) Counti	ry	Official Website		
Address*							
Specific Assi	Specific Assignments Performed						

# 3.3 Training of Accreditors

TYPE OF INVOLVEMENT			DURATION*	FROM(DD/MM/YYYY)		TO(DD/MM/YYYY)	
Name of Institution/Agency (Write Full Name)*							
Tel No. *			Fax No.*		E-mail Address	*	
		Location	Place (City)	Country		Official Website	
Address*							
Specific Ass	Specific Assignments Performed						

## 3.4 Areas of Specialization (APACC Criteria)

AREA 1	GOVERNANCE AND MANAGEMENT	[ ]
AREA 2	TEACHING AND LEARNING	[ ]
AREA 3	FACULTY AND STAFF (HUMAN RESOURCES)	[ ]
AREA 4	RESEARCH AND DEVELOPMENT	[ ]
AREA 5	IMAGE AND SUSTAINABILITY	[ ]
AREA 6	OTHER RESOURCES	[ ]
AREA 7	SUPPORT TO STUDENTS	[ ]

## 3.5 Institutions Evaluated

GROUP 1	VOCATIONAL TRAINING INSTITUTES	[]
GROUP 2	TECHNICAL EDUCATION INSTITUTES	[]
GROUP 3	TECHNOLOGY COLLEGES (ENGINEERING, TECHNICAL TEACHER TRAINING, ETC.)	[ ]
GROUP 4	GRADUATE COLLEGE	[ ]
GROUP 5	OTHERS, PLEASE SPECIFY	[]

# IV. Professional Experiences

# 4.1 Employment History (Start with present)

JOB TITLE*			DURA	ATION*	FRO	DM(DD/MM/YY	YY)	TO(DD/MM/YYYY)
Name of Institution*					<u> </u>			
	(1)	Inter onal				(1)	[ ]	ucation & Training
	(2)	] Gov men				(3)	R 8 [ ] Ind	& D ] ustry & Business
Type of Organization*	(3)	] NG( [ ]	)	Nature Activit		(4)	[ ] Cor [	] nsultancy ]
	(4)	Priva				(5)	[ ]	fessional Services
	(5) Locat	Othe			City)	(6) Country	[ ]	ners ] Official Website
Address*	Local	1011		Place (	Oity)	Country		Official Website
Main duties and	l d responsibiliti	es, nu	ımber	of staff s	uperv	vised, if applic	able	
Annual starting	Annual starting salary (US\$)				nnua	l end salary (l	JS\$)	

JOB TITLE*			DUR	ATION*	FR	OM(DD/MM/Y)	YYY)	TO(DD/MM/YYYY)
OOB TITLE			DOIN	AIION				
Name of Institu	tion*							
	(1)	International	[			(1)	Ed	ucation & Training
Type of	(2)	Government	[			(2)	I R 8 r	I BD 1
	(3)	NGO	[	Natur	e of	(3)	Ind I	ustry & Business
Organization*	(4) 1	Private	[	Activit		(4)	Co [	nsultancy
	(5)	Others	[ ]			(5)	Pro [	ofessional Services
						(6)	Oth [	ners ]
		Location		Place (	City)	Country		Official Website
Address*								
Main duties and	d respo	nsibilities, nu	ımber	of staff	super	vised, if appli	cable	

Annual starting salary (US\$)	Annual end salary (US\$)

					FR	OM(DD/MM/Y)	(YY)	TO(DD/MM/YYYY)
JOB TITLE*			DURATION					
Name of Institution*								
Type of Organization*	(6) (7) (8) (9)	International Government NGO Private	•	Natur Activit		(7) (8) (9) (10)	[ R 8 [ Ind	ucation & Training  } & D  lustry & Business  nsultancy  ]
	(10)	Others	[]			(11)	[	ofessional Services ] hers ]
Address*		Location		Place (	City)	Country		Official Website
Main duties and	d respo	nsibilities, nu	mber	of staff	super	vised, if appli	cable	
Annual starting	salary	(US\$)		A	Annua	l end salary (	US\$)	

					FRO	DM(DD/MM/	YYYY)	TO(DD/MM/YYYY)
JOB TITLE*			DURATION*					
Name of Institu	ıtion*							
	(11)	International	[			(13)	Edu	ucation & Training
	(12)	Government	[			(14)	R 8	J k D
Type of Organization*	(13) 1	NGO	[	Nature Activit		(15)	l Ind	] ustry & Business ]
	(14)	Private	]			(16)	Coi	nsultancy
	] (15)	Others	[]				[	

			(1	17)	Professional Services
			(1	10\	[ ]
			[(1	18)	Others
	Location	Place (C	City)	Country	Official Website
Address*					
Main duties and	d responsibilities, number	of staff s	upervis	sed, if applic	able
Annual starting	salary (US\$)	A	nnual e	end salary (L	JS\$)

#### 4.2 List of Research and Publications

TYPE <sup>[1]</sup>	TITLE OF	PUBLISHER	ROLE OF	ISBN/ COPYRIGH	DETAILS		
	PUBLICATION		AUTHOR <sup>[2]</sup>	Т	Date	Vol./Issue	Pages

<sup>&</sup>lt;sup>[1]</sup> Indicate Type of Publication [Book, Journal Paper, Proceeding Paper, Technical Report, Copyrighted Instructional Material with CD or Web Documents, and so on]

# 4.3 List of National/International Awards and Honors Received (if any)

TYPE <sup>[1]</sup>	TITLE	AWARDING BODY	REASON FOR THE AWARD	DATE

<sup>[1]</sup> Indicate Type of Award [Certificate of Honor, Service Achievement, Medal of Commendation, and so on]

## 4.4 Officer-ship/Membership to Professional Organizations

TYPE	NAME OF ORGANIZATION	POSITION	DATE OF MEMBERSHIP	REMARKS

<sup>[2]</sup> Indicate Role of Authors [First/Main Author, Co-Author, Editor, and so on]

# V. Skills

## 5.1 Language Skills

Please evaluate your language skills.

- Please ensure that you write the language name you want to evaluate.
- If evaluation category is unchecked, it will be considered as "Slight" automatically.

OFFICIAL L	ANGUAGE				
Enç	glish	Slight	Fair	Good	Excellent
Sp	eak				
W	rite				
Re	ead				
Unde	rstand				
OTHER LAN	IGUAGES				
(	)	Slight	Fair	Good	Excellent
Sp	eak				
W	rite				
Re	ead				
Unde	rstand				
(	)	Slight	Fair	Good	Excellent
Sp	eak				
W	rite				
Re	ead				
Unde	rstand				
(	)	Slight	Fair	Good	Excellent
Sp	eak	·			
W	rite				
Re	ead				
Unde	rstand				

## 5.2 Computer Skills

Please evaluate your computer skills

KINDS OF SKILLS	BASIC	AVERAGE	ADVANCED
Database			
Internet/Mail			
Presentation Tools			
Spreadsheet			
Word processing			

# VI. References

## **6.1 Three References**

NAME	
Designation	
	Name
Institution	Address
	TEL
Contact No.	Mobile
Contact No.	FAX
	E-Mail
Relationship	

NAME	
Designation	
	Name
Institution	Address
	TEL
Contact No.	Mobile
Contact No.	FAX
	E-Mail
Relationship	

NAME		
Designation		
Institution	Name	
	Address	
Contact No.	TEL	
	Mobile	
	FAX	
	E-Mail	
Relationship		

I hereby certify to that the above information are true and correct to the best of my knowledge.
Signature over Printed Name
Date:
VII. Letter of Application
Submit to:

# THE PRESIDENT ASIA PACIFIC ACCREDITATION AND CERTIFICATION COMMISSION (APACC)

(Ref: <u>APPLICATION AS APACC ACCREDITOR</u>)
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