



IRAMN

Established Under the ICoP 59 of 1990

{RC 653497}

Website: www.regdmanager.org

Email: info@regdmanager.org

regdmanager@yahoo.com

CENTRE ACCREDITATION APPLICATION FORM

Completed form to be returned to:

The Registrar

Institute of Registered Administrative Managers of Nigeria

7A, Junction Road, By Stadium Road

Sarduana Crescent,

P. O. Box 2519 Kaduna

Kaduna State

Part 1: PROSPECTIVE CENTRE COORDINATOR DETAILS

AFFIX
PASSPORT

FULL NAME <i>(with Title)</i>	
RESIDENTIAL ADDRESS	
POSTAL ADDRESS	
OFFICE ADDRESS	
RESIDENTIAL PHONE NO.	
OFFICE PHONE NO.	
E-MAIL ADDRESS	
DATE OF BIRTH	GENDER:
PROFESSION	
AREA(S) OF OPERATION	
EXPERIENCE <i>(if any)</i>	
ACADEMICS/PROFESSIONAL QUALIFICATION	

Part 2: PROSPECTIVE CENTRE DETAILS

2:1

INTENDED STATE	
AREA(S) OF COVERAGE <i>(Town, Cities, Villages)</i>	
NAME OF CENTRE	
CENTRE OFFICE ADDRESS	
CENTRE POSTAL ADDRESS <i>(if different to one above)</i>	
CENTRE OFFICE PHONE NO.	
CENTRE E-MAIL ADDRESS	

2:2

Please tick the appropriate box (es) below carefully

- i} I intend coordinating Membership of IRAMN **ONLY**
- ii} I intend coordinating Student membership of IRAMN **ONLY**
- iii} I intend coordinating both Student and Membership of IRAMN

2:3

Attached the organizational structure (including lecture classrooms incase of “ii &iii”, Offices and equipments) in place at your centre to facilitate smooth running of the intended programme (please submit this as attachment to this form)

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2:4

If you tick either “ii” or “iii”, which of the IRAMN qualifications programme for which your centre is seeking approval:

- a) Post Graduate Diploma in Administrative Management(PGDAM)
- b) Advanced Diploma in Administrative Management(ADAM)
- c) Ordinary Diploma in Administrative Management(ODAM)
- d) Accelerated National Youth Service Corp programme (GAM)

2:5

Are you willing to allow Institutes students not enrolled in your centre to sit IRAMN examination in your centre?

YES

NO

(The Institute accepts the Centre has a right to charge a fee to cover any expenses incurred)

NOTE:

You are required to provide lodging accommodation, transportation and cater for the wellbeing of the Institute invigilator that will be sent to your centre for proper conduct of examination

Part 3: PROSPECTIVE CENTRE STAFF RESOURCES DETAILS

Please provide details of your Staff and Resource person in the format shown below:

3:1

IRAMN Affiliation Programme

*Staffing Information (Non – Academic Staff)

S/ NO	NAMES	RANK	APPOINTMENT Full/Part Time	QUALIFICATION/S

3:2

IRAMN Affiliation Programme

*Staffing Information (Academic Staff)

S/NO.	NAMES	APPOINTMENT Full/Part Time	QUALIFICATION/S

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Part 4: PARTNERSHIP ARRANGEMENT DETAILS

Is your centre presently running a programme or involve in any other professional Institute programme?

YES

NO

If YES, please give details

Part 5: QUALIFICATION APPROVAL DECLARATION

Please read, and sign below if your centre agrees to these terms. This declaration **must** be signed by an **authorized signatory** in his/her own name and on behalf of the Centre.

5:1 *Staff Related Declaration*

I declare that the centre:

1. Will undertake to provide staff with appropriate inductions and professional development (including a development plan) to ensure staff can maintain their expertise and competence to the level of IRAMN
2. Will undertake to supply staff CVs and other evidence (for example original certificates) to IRAMN in a timely manner upon request.
3. Will understands that any misleading information provided above, and /or failure to supply CVs and / or other evidence upon request, may prevent approval being granted
4. Will have in place appropriate staff or, has in place to hire appropriate staff and put in place relevant systems before the qualifications are made available in accordance with the requirements of the Institute

5:2 *Appropriate physical resources*

I declare that the centre:

1. Will use buildings that provide access for all candidates for assessment purposes, in accordance with relevant legislation including without limitation.

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2. Will ensure that full range of relevant, current equipment required to assess the qualification listed above is supplied.
3. Will adhere to any assessment requirement as per the qualification requirement.
4. Will provide the necessary resources in accordance with any requirements outlined by IRAMN.
5. Will ensure that all cash/fees are remitted into IRAMN account one week from day cash was received.

5:3 *Qualification Declarations*

I declare that the centre:

1. Will ensure that staff involved with a qualification will fully understand the relevant specification provided by the IRAMN, and will comply with its provisions.
2. Will have adequate systems and resources in place- including staff and, where appropriate, equipment, materials to support the delivery of the qualification.
3. Will keep complete and accurate records of students and members for all qualifications and make these available to IRAMN upon request
4. Complies with all relevant laws, regulatory criteria and codes of conduct practice as updated and amended from time to time
5. Agrees to abide by all reasonable stipulations by IRAMN concerning the use of its logos and letter headed paper
6. Will provide effective communications systems in place both internally and with the Institute, Members and students of the Institute, and report any change in application form to the Institute
7. Agrees to inform the candidate(s) that IRAMN may be able to help find alternative centre to provide the complete course if the centre terminates the course midway through
8. Will understand how and when to apply for candidate registration and certificate
9. Will assist in guarding against fraudulent or mistaken claims
10. Will provide the IRAMN with all marketing material for approval prior to distribution

DECLARATION

Ideclare that the centre understands that if this application is accepted, it will form the contract between the centre and the IRAMN.

I accept that if the centre defaults on the commitments made in this application, it may lead to the removal of its recognition status.

I declare that I am authorized by the above centre to supply the information given above and, at the date of signing, the information provided is a true and accurate record to the best of my knowledge.

.....
Signature

.....
Position

.....
Date

Part 6: GUARANTOR DETAILS

The surety must be either a JP Lawyer or Traditional Ruler

SURETY (1)

NAME:

POSITION/RANK:

RESIDENTIAL ADDRESS:

.....

BUSINESS ADDRESS:

.....

TELEPHONE NUMBER (Mobile):

SIGNATURE: DATE:

SURETY (2)

NAME:

POSITION/RANK:

RESIDENTIAL ADDRESS:

.....

BUSINESS ADDRESS:

.....

TELEPHONE NUMBER (Mobile):

SIGNATURE: DATE: