

**Application for Accreditation  
of  
New Course(s)**

Issued  
by

**MOE - MCYS  
PRE-SCHOOL QUALIFICATION  
ACCREDITATION COMMITTEE**

### SUBMISSION FOR ACCREDITATION OF NEW COURSE(S) CHECKLIST

The following documents, together with this checklist, have to be submitted to the Pre-School Qualification Accreditation Committee (PQAC) Secretariat. Please ensure that all necessary documents are enclosed. Indicate with a tick (✓) in the appropriate boxes. **Incomplete submissions will not be processed.**

S/N	CATEGORY	CHECKED BY TRAINING AGENCY	CHECKED BY PQAC
A	Application Form For Accreditation of Pre-School Teacher Training Courses ( <u>Annex N2</u> )	<input type="checkbox"/>	<input type="checkbox"/>
B	Documents to support the status, objectives, functions or operations of the organization		
1	A certified true copy of the organisation's business profile from the Accounting And Corporate Regulatory Authority(ACRA) or Registry of Society (ROS)	<input type="checkbox"/>	<input type="checkbox"/>
2	A certified true copy of the Registration Certificate issued by Private Schools Section, MOE	<input type="checkbox"/>	<input type="checkbox"/>
3	A brief write-up on the organisation's background and training experience. (Include year of establishment, capacity for training, and achievements.)	<input type="checkbox"/>	<input type="checkbox"/>
4	Personal Particulars of Members of Management Board ( <u>Annex N3</u> )	<input type="checkbox"/>	<input type="checkbox"/>
C	Information on Courses <i>A detailed description of the training course should include the following:</i>		
5	Title	<input type="checkbox"/>	<input type="checkbox"/>
6	Aims and Objectives	<input type="checkbox"/>	<input type="checkbox"/>
7	Target Group	<input type="checkbox"/>	<input type="checkbox"/>
8	Admission Criteria/Entry Requirements	<input type="checkbox"/>	<input type="checkbox"/>
9	Modes of instruction (lectures, workshops, tutorials, group discussions, practicum, frequency and time of planned activities)	<input type="checkbox"/>	<input type="checkbox"/>
10	Course content and learning outcomes of theoretical and practicum components as presented in the format used in Standard 3 (Tables 5-8) of the PQAC Standards	<input type="checkbox"/>	<input type="checkbox"/>
11	Modes of assessment ( <u>Annex N5</u> )	<input type="checkbox"/>	<input type="checkbox"/>

12	Criteria for awarding certificates	<input type="checkbox"/>	<input type="checkbox"/>
13	Samples of certificates	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>	<b>Information on Teaching Faculty</b>		
14	Personal Particulars form for Academic Head ( <a href="#">Annex N4</a> )	<input type="checkbox"/>	<input type="checkbox"/>
15	<a href="#">Summary List of Proposed Trainers &amp; Practicum Supervisors including ratio of trainer/practicum supervisor to trainees (<a href="#">Annex N6</a>)</a> (removed with effect from Aug 10)	<input type="checkbox"/>	<input type="checkbox"/>
16	<a href="#">Application Forms for Approval of Trainers and Practicum Supervisors (<a href="#">Annex N7</a>)</a> (replaced by <a href="#">Annex 1</a> with effect from Aug 10)	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	<b>Collaboration with External Agencies (where applicable)</b>		
17	Contacts of the collaborating agency and the agencies' accrediting bodies	<input type="checkbox"/>	<input type="checkbox"/>
18	A copy of the Memorandum of Understanding (MOU) between the training agency and external agency	<input type="checkbox"/>	<input type="checkbox"/>
<b>F</b>	<b>Information on Facilities and Resources</b>		
19	Number and types of classrooms and their seating capacity (e.g. lecture rooms, workshop rooms)	<input type="checkbox"/>	<input type="checkbox"/>
20	Other facilities (e.g. computer laboratory, computer equipment, auditorium, library)	<input type="checkbox"/>	<input type="checkbox"/>
<b>G</b>	<b>Administrative Procedures</b>		
21	Procedure for verification and certification of entry qualifications of applicants to the course(s)	<input type="checkbox"/>	<input type="checkbox"/>
22	Procedure for Refund of Course Fees in the event of withdrawal from course	<input type="checkbox"/>	<input type="checkbox"/>

**APPLICATION FOR ACCREDITATION OF EARLY CHILDHOOD  
TEACHER TRAINING COURSES**

<b>Name of Training Agency:</b>							
<b>Address of Training Agency:</b>							
<b>Telephone:</b>				<b>Fax:</b>			
<b>Email:</b>							
<b>MOE (Private Schools Section) Registration No.:</b>				<b>Date of Registration:</b>			
<b>Years in Early Childhood Training:</b>							
<b>Management Board:</b>	<b>Name</b>		<b>Position in the Board</b>		<b>Roles &amp; Responsibility</b>		
<b>Full-time Staff:</b>	<b>Name</b>		<b>Contact Number</b>		<b>Email Address</b>		
<b>Academic Head</b>							
<b>Course Administrator</b>							
<b>Core Trainers</b>	<b>Name</b>		<b>Course Assigned</b>				
<b>Summary of Proposed Course(s):</b>	<b>S/N</b>	<b>Course</b>	<b>Fees Charged</b>	<b>Course Hours</b>	<b>Duration</b>	<b>Intakes per year</b>	<b>No. of trainees per intake</b>

The undersigned, on behalf of the training agency, acknowledges that the training agency and its representatives are familiar with the revised "Accreditation Standards for Early Childhood Teacher Training Courses" and the terms thereof.

The training agency consents to on-site visits by members and representatives of PQAC, and agrees to make available all records and documents to facilitate the accreditation process.

The training agency also undertakes that it will not advertise or circulate promotional materials that reflect false, misleading, or exaggerated representations with respect to the accreditation status of the course before approval is granted.

Submitted By:

\_\_\_\_\_  
Name and Designation of Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Endorsed By:

\_\_\_\_\_  
Chairman of Management Board (Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PERSONAL PARTICULARS OF MEMBERS OF MANAGEMENT BOARD**

(To be completed by each member of the Management Board. Certified true copies of all educational and professional certificates listed must be attached.)

Name of Training Agency: \_\_\_\_\_

**PART I PERSONAL PARTICULARS**

Full Name in BLOCK LETTERS as in NRIC/Passport (Underline Surname): If married woman, state maiden name * (Mr/Miss/Mdm/Dr)		Sex: * Male/Female
NRIC No./Passport No.:	Citizenship:	Country of Issue:
Date of Birth:	Place of Birth:	Home Telephone No: Email:
Present Address in Singapore (include Block and Postal District Nos.):		
Current Full Time Occupation:		
Office Name:		
Office Address:		Office Telephone No:

**PART II EDUCATIONAL QUALIFICATIONS IN CHRONOLOGICAL ORDER**

*(Please attach write-up if space is insufficient)*

Educational Qualifications:
Other professional qualifications and contributions:

**PART III DECLARATION BY MANAGEMENT BOARD MEMBER**

I declare that the particulars stated above are true and correct and that I have not wilfully suppressed any material fact.	
Name of Applicant: _____	Signature: _____
Date: _____	

*\*Delete where applicable*



**PART III HISTORY OF EMPLOYMENT RELATED TO EARLY CHILDHOOD EDUCATION  
(IN CHRONOLOGICAL ORDER)**

Period of Employment		Employer (Name of EC Centre/ Organisation)	Location (Address & Country)	Designation	Nature of Employment (Including Details of Roles and Responsibilities)
From mm/yy	To mm/yy				

**PART IV AREAS OF RESPONSIBILITIES AS ACADEMIC HEAD**

S/N	Administrative Duties	Teaching Duties	Other Duties

**PART V DECLARATION**

I declare that the particulars stated above are true and correct and that I have not wilfully suppressed any material fact.

Name of Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### MODES OF ASSESSMENT

(This is a sample of a table of specifications for assessment showing the distribution for the various modes of assessments. Separate tables are to be submitted for each proposed course.)

Name of Training Agency: \_\_\_\_\_

Table of Specifications for Assessment for _____ (course name)							
S/N	Module	No. of Assignments/Total Marks Allocated for Each Mode					Total Marks
		(Mode) <i>e.g. Project</i>	(Mode) <i>e.g. Essay</i>	(Mode)	(Mode)	(Mode)	
e.g.	<i>Principles &amp; Practices in ECCE</i>	<i>2/100</i>	<i>3/80</i>				<i>180</i>
1							
3							
4							
5							
6							
	Weighting:	%	%	%	%	%	
7	Supervised Teaching Practice						-

Submitted by: \_\_\_\_\_ (Name) \_\_\_\_\_ (Signature)

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

**SUMMARY LIST OF PROPOSED TRAINERS AND PRACTICUM SUPERVISORS**  
(Please provide a summary of all Trainers and Practicum Supervisors submitted for approval.)

Name of Training Agency: \_\_\_\_\_

S/N	Name as in NRIC/Passport	Highest Qualification	Years as Early Childhood Educator/Supervisor/Trainer/Lecturer	Proposed by Training Agency			Course Assigned	Is Trainer a Core Trainer ? (Yes/No)
				FT/PT*	T/PS*	Module		
e.g.	X x x	M Ed (ECE)	5 yrs as EC teacher 3 yrs as kindergarten principal 2 yrs as EC trainer	PT	T & PS	1, 2, 3 & 6	DECCE-T	Yes

**Proposed Ratio of Trainer/Practicum Supervisor to Trainees**

(Compute the following ratios by comparing the total number of trainers and practicum supervisors that the agency is engaging for each of the courses with the total number of proposed trainees and fill in the table below)

Course	Proposed Ratio of Trainer to Trainees	Proposed Ratio of Practicum Supervisor to Trainees

Submitted by: \_\_\_\_\_  
(Name) (Signature)

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

- \* FT - Full-time
- PT - Part-time
- T - Trainer
- PS - Practicum Supervisor



**PART III HISTORY OF EMPLOYMENT RELATED TO EARLY CHILDHOOD EDUCATION  
(IN CHRONOLOGICAL ORDER)**

Period of Employment		Employer (Name of EC Centre/ Organisation)	Location (Address & Country)	Designation	Nature of Employment (Including Details of Roles and Responsibilities)
From mm/yy	To mm/yy				

**PART IV CONSENT**

I have agreed to teach the following course(s)/module(s) and to the stated time commitment.

S/N	Course	Module/Sub-module	Trainer	Practicum Supervisor	FT/ PT	No. of Teaching Hours	Duration of Commitment

**PART V DECLARATION**

I declare that the particulars stated above are true and correct and that I have not wilfully suppressed any material fact.

Name of Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*\*Delete where applicable*





(NAME OF TRAINING AGENCY)

**COURSE EVALUATION FORM**

(To be completed by Trainee and collated by Training Agency after the completion of each course)

Name (Optional): \_\_\_\_\_  
 Course Title: \_\_\_\_\_  
 Course Start Date: \_\_\_\_\_  
 Course End Date: \_\_\_\_\_  
 Date of Evaluation: \_\_\_\_\_

Dear trainees

The purpose of this evaluation is to obtain feedback on the conduct and delivery of our early childhood training course. We would appreciate your response to each of the following questions. The information and feedback you provide would be useful in helping us to review the course and improve it. Your responses are confidential. Thank you for your co-operation.

Please indicate your response by circling ONE of the four responses for each item.

A - Strongly Agree (75% - 100% of the time)

C - Disagree (25% - 49% of the time)

B - Agree (50% - 74% of the time)

D - Strongly Disagree (0% - 24% of the time)

1	Delivery of Course	Response			
1.1	The course content met its stated objectives. Please give us your comments if your response to Item 1.1 is (C) or (D):	A	B	C	D
1.2	The course was structured and delivered in effective ways (e.g. seminar, group work, tutorial, etc.) to assist my understanding and learning. Please give us your comments if your response to Item 1.2 is (C) or (D):	A	B	C	D
1.3	The course guidelines and module/unit guides had facilitated my understanding and learning. Please give us your comments if your response to item 1.3 is (C) or (D):	A	B	C	D
1.4	The articles for reading, notes and handouts had facilitated my understanding and learning. Please give us your comments if your response to item 1.4 is (C) or (D):	A	B	C	D
1.5	I am satisfied with the standards used for assessment of assignments, tests and examinations. Please give us your comments if your response to Item 1.5 is (C) or (D):	A	B	C	D
1.6	I am satisfied with the standards used for assessment of the supervised practicum. Please give us your comments if your response to Item 1.6 is (C) or (D):	A	B	C	D

2	Quality of Trainers	Response			
2.1	Generally, the trainers were well prepared and organised for class. Please give us your comments if your response to Item 2.1 is (C) or (D):	A	B	C	D
2.2	Generally, lessons were presented in ways that helped me to understand the subject areas. Please give us your comments if your response to Item 2.2 is (C) or (D):	A	B	C	D
2.3	Generally, the trainers had demonstrated competence in the subject areas and an understanding of practical issues. Please give us your comments if your response to Item 2.3 is (C) or (D):	A	B	C	D
2.4	Generally, the trainers had demonstrated an ability to communicate ideas and concepts clearly, e.g. with practical examples. Please give us your comments if your response to Item 2.4 is (C) or (D):	A	B	C	D
2.5	Generally, trainers were able to respond appropriately to trainees' questions and encourage trainees to think beyond the issues/topics covered in the lectures. Please give us your comments if your response to Item 2.5 is (C) or (D):	A	B	C	D
2.6	Generally, trainers had good classroom management skills. They were able to maintain and encourage class participation. Please give us your comments if your response to Item 2.6 is (C) or (D):	A	B	C	D
3	Course Management and Administration	Response			
3.1	Information on course and other related information, such as schedule of classes and assessments, were clear and helpful. Please give us your comments if your response to Item 3.1 is (C) or (D):	A	B	C	D
3.2	Changes in class schedule, trainers, assessment criteria and other related information on course delivery were made known to trainees in advance. Please give us your comments if your response to Item 3.2 is (C) or (D):	A	B	C	D
4	Facilities and Resources of Training Agency	Response			
4.1	Generally, the training rooms were conducive to learning and well equipped. Please give us your comments if your response to Item 4.1 is (C) or (D):	A	B	C	D
4.2	Generally, the centre was well resourced with print and non-print materials (e.g. library books, internet). Please give us your comments if your response to Item 4.2 is (C) or (D):	A	B	C	D

4.3	Generally, the centre's resources were accessible to trainees. Please give us your comments if your response to Item 4.3 is (C) or (D):	A	B	C	D
<b>5</b>	<b>Satisfaction Level</b>	<b>Response</b>			
5.1	I am generally satisfied with the overall delivery of the course (the course content, trainers, facilities, etc.) and would recommend this course to others. Please give us your comments if your response to Item 4.1 is (C) or (D):	A	B	C	D
<b>6</b>	<b>Please give us your comments (if any) (e.g. on facilities and resources, pace of course, teaching and learning methods, contents, teaching quality, etc.)</b>				
<b>7</b>	<b>Suggestions (if any) (e.g. on how we could improve on the next course etc.)</b>				
8	Other comments: Please specify which item you are commenting on.				

Thank you for your feedback. It is greatly appreciated.

### SUMMARY OF TRAINEE EVALUATION

(To be submitted by Training Agency after the completion of each training course.  
The collated responses from at least 80% of trainees must be used.)

Name of Training Agency: \_\_\_\_\_  
 Course Title: \_\_\_\_\_  
 Course Start Date: \_\_\_\_\_  
 Course End Date: \_\_\_\_\_  
 No. of trainees attending course: \_\_\_\_\_  
 No. of respondents to the survey: \_\_\_\_\_

Rating:	A Strongly Agree	B Agree	C Disagree	D Strongly Disagree	
<b>Item 1: Delivery of Training Course</b>					
	Rating	A	B	C	D
(a) Item 1.1 (Course content)					
(b) Item 1.2 (Course structure/modes of delivery)					
(c) Items 1.3 & 1.4 (Course material)					
(d) Items 1.5 & 1.6 (Assessment standards)					
(e) <b>Total Score:</b> (a + b + c + d)					
<b>Percentage for Item 1:</b> (e) ÷ (total no. of respondents x 4) x 100					
<b>Item 2: Quality of Trainers</b>					
	Rating	A	B	C	D
(a) Items 2.1 & 2.2 (Trainers' preparation)					
(b) Items 2.3 - 2.5 (Trainers' competence in subject areas)					
(c) Item 2.6 (Trainers' classroom management skills)					
(d) <b>Total Score:</b> (a + b + c)					
<b>Percentage for Item 2:</b> (d) ÷ (total no. of respondents x 3) x 100					





**LIST OF CO-ASSESSORS AND MENTORS FOR SUPERVISED TEACHING/  
LEADERSHIP PRACTICE**

(To be completed by Training Agency after the completion of each training course where applicable)

**PART I - CO-ASSESSORS FOR SUPERVISED TEACHING/LEADERSHIP PRACTICE**

S/N	Name of Trainee	Course	Name of Centre	Name of Supervisor / Principal	Qualifications of Supervisor/ Principal		No. of years of ECCE experience (separate teaching and supervisory experience)
					Academic	Professional	

**PART II - MENTORS FOR SUPERVISED TEACHING/LEADERSHIP PRACTICE**

S/N	Name of Trainee	Name of Centre	Name of Senior Teacher	Years of ECCE Teaching Experience

Submitted by: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

Designation: \_\_\_\_\_

Date: \_\_\_\_\_