



BOTSWANA
Qualifications Authority

**LEARNING PROGRAMME
SELF-EVALUATION REPORT FOR RENEWAL
(NAME OF LEARNING PROGRAMME)**

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LEARNING PROGRAMME SELF-EVALUATION REPORT

Name of ETP: *Name of the ETP as registered and accredited by BQA*

Registration and Accreditation Number: *The ETP registration and accreditation number*

Type of ETP: *Public or Private or NGO*
TVET or Higher Education

ETP Sub-system

Date of Registration and Accreditation: *Date of Registration & Accreditation*

Date of Expiry of Registration and Accreditation: *Date of Expiry*

Date of Submission: *Date of submission of SER to BQA*

Name of Contact person for the ETP:

Telephone Number:

Email address:

DOCUMENT FORMAT

Spacing	1.5
Font	Arial, 11
Removal of guidance/ instructional guidance	<i>Please ensure that any guidance or instructional text in the form is removed after completing your write-up (captured in italics).</i>



will be viewed on site. For such evidence, the ETP should provide a document reference map, indicating the titles of all documents that will be made available during the site visit. The presentation of data and documents alone is not sufficient, the evidence should be described and related to each other to demonstrate coherence.

3. OVERVIEW OF THE LEARNING PROGRAMME

In the Overview section of the self-assessment report, provide a concise summary of the learning programme, including its purpose, structure, and alignment with institutional goals and industry standards. Briefly describe the programme's development, highlighting any recent updates, endorsement by relevant authorities, and key components such as workplace-based learning, assessment, and certification processes. This section should also include learner enrolment records and graduation rates Information. It should offer a high-level view that encapsulates the programme's core elements and its commitment to quality education.

4. EVALUATION AGAINST THE CRITERIA

The narration provided under each section should sufficiently and comprehensively address all the criteria and sub-criteria as per the Criteria and Guidelines for LP Renewal. The guidance provided under each criterion is not restrictive however, these should be used as key pointers towards critical issues to be addressed in the evaluation.

4.1. Learning Programme General Information

Title of Learning Programme:	Type of Qualification:
Learning Field	Qualification Code
Learning Sub-Field	Credit Value:
Learning Domain	Last Review Date
Mode of Delivery	Next Review Date
Duration of Study (Full Time)	Site (s) of Delivery (Campuses)
Duration of Study (Part-Time)	Administrative Site (s) (for LPs offered through ODeL modes)

4.2. Learning Programme Structure, Delivery.

4.3. Learning Programme Endorsement

4.4. Work-placement/Internship

4.5. Learning Support

4.6. Assessment and Moderation

4.7. Certification and Awards

4.8. Learning Programme Evaluation and Review

4.9. Human Resources

4.10. Financial Resources

4.11. Physical Resources (Safety, Health and Environment (SHE))

5. CONCLUSION

In the Conclusion, reflect on the main insights gained through the self-assessment process. Summarize strengths identified in the programme, such as alignment with accreditation criteria or successful learner support systems, and address any areas needing improvement, like resource allocation or assessment practices. Conclude with an outline of planned actions or strategic changes aimed at enhancing programme quality and ensuring continuous alignment with accreditation standards. Emphasize the institution's commitment to excellence, equity, and responsiveness to the needs of both learners and industry, along with plans for internationalization, ensuring relevance in a global context. This section should provide a forward-looking statement on the programme's vision and upcoming steps for improvement.

6. ENDORSEMENT/ APPROVAL

I confirm that the Self-Evaluation Report has been prepared after appropriate consultation and involvement with members of staff, learners, key stakeholders and the SER has been endorsed by the Head of the ETP.

Approved by Head of the ETP

Name: _____

Designation: _____

Signature: _____

Date: _____

Endorsed by Head of the ETP

Name: _____

Designation: _____

Signature: _____

Date: _____