**Application Form for Recognition of Qualification**

**INSTRUCTIONS**

1. Use this form for a single international qualification only.
2. Complete this form electronically.
3. Print this form and sign it.
4. Scan the signed form and the required documents specified in Section 8.
5. Submit scanned application and documents to [QualificationsandAwards@khda.gov.ae](mailto:QualificationsandAwards@khda.gov.ae) or send them on a CD or USB to Qualification and Awards in Dubai (QAD) PO Box 500008 Dubai, UAE

**PART A – Applicant Details**

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| --- | --- | --- | --- |
| **Section 1 Personal Details** | | | |
| Full Name (as in your passport) |  | | |
| Gender |  | Date of Birth | Select date. |
| Nationality |  | | |
| Emirates ID Number |  | | |
| Passport Number |  | | |
| E-mail Address |  | | |
| Telephone Number | Home/Office (+       ) | Mobile (+       ) | |
| Postal Address |  | | |

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| **Section 2 International Qualification to be recognised** | | | | | | | | |
| Qualification Title |  | | | | | | | |
| Discipline or Field of study |  | | | | | | | |
| Qualification level |  | | Name of qualification framework | | |  | | |
| Number of Credits completed |  | | Total number of hours studied | | |  | | |
| Duration of the qualification | Started | Select date. | Completed | | | Select date. | | |
| Mode of study | Face to face |  | Distance/Online | |  | Blended | |  |
| Part-Time |  | Full Time | |  | Work Place Learning | |  |
| Language of instruction |  | | Country in which this qualification was obtained | | |  | | |
| Admission requirements to this qualification |  | | | | | | | |
| Name of the awarding body |  | | | | | | | |
| Country in which this qualification was issued |  | | Date qualification awarded | | | Select date. | | |
| Did you obtain any Recognition for Prior Learning (RPL) for parts of the qualification you are here requesting recognition for? | Yes  No | | If yes, when was this? | | | Select date. | | |
| If yes, briefly explain what the prior learning was |  | | | | | | | |
| If yes, briefly explain what you were required to do to achieve the recognition |  | | | | | | | |
| If yes, please provide information from the awarding body demonstrating their recognition of your prior learning |  | | | | | | | |
| If yes, please attach evidence from the Educational or Training Institution which acknowledges your success in completing the learning requirements |  | | | | | | | |
| Name of Educational or Training Institution |  | | | | | | | |
| Postal Address of Educational or Training Institution |  | | | | | | | |
| Contact Details of Educational or Training Institution Telephone | Telephone 1: (+       ) | | | Telephone 2: (+       ) | | | | |
|  | | Website |  | | | | |
|  |  | | | | | | | |
| **Section 3 Qualification Achieved prior to the qualification to be recognised** | | | | | | | | |
| Qualification Title |  | | | | | | | |
| Discipline or Field of study |  | | | | | | | |
| Qualification level |  | | Name of qualification framework | | |  | | |
| Number of Credits completed |  | | Total number of hours studied | | |  | | |
| Duration of the Qualification | Started | Select date. | | | Completed | Select date. | | |
| Mode of study | Face to face |  | Distance/Online | |  | Blended | |  |
| Part-Time |  | Full Time | |  | Work Place Learning | |  |
| Language of instruction |  | | Country in which this qualification was obtained | | |  | | |
| Admission requirements to this qualification |  | | | | | | | |
| Name of the awarding body |  | | | | | | | |
| Country in which this qualification was issued |  | | Date Qualification awarded | | | Select date. | | |
| Name of Educational or Training Institution |  | | | | | | | |
| Postal Address of Educational or Training Institution |  | | | | | | | |
| Contact Details of Educational or Training Institution Telephone | Telephone 1: (+       ) | | | Telephone 2: (+       ) | | | | |
|  | | Website |  | | | | |
| Is this qualification endorsed by a professional body | Yes | | If yes, please provide the name of the professional body | | | | No | |

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| **Section 4 Professional Experience (If Applicable)** | | | | | |
| Current employer name | |  | | | |
| Job title | |  | | | |
| Role description | |  | | | |
| Duration of experience | |  | | | |
|  | | |  |  | |
| **Section 5 Undertaking of Qualification Holder** | | | | | |
| I hereby apply for the qualification       to be recognized (*please write the qualification named as on the certificate*).   * If my application is successful, I would like the recognition statement to be issued in English  or Arabic * I confirm the information stated in this application is accurate and correct and that the attached scanned documents were copied from authentic and original documents. * I also understand my legal obligations under UAE law for submission of true and accurate information and documentation. | | | | | |
| Signature: Date:  Name: | | | | | |
|  | | | | | |
| **Section 8 Required Documents** | | | | | **Please Tick** |
| 1a | For those applicants currently residing overseas, a certified copy of the qualification in its original language attested by the Ministry of Foreign Affairs in the applicant’s home country and the UAE Embassy in the applicant’s home country  OR  For those applicants currently residing in the UAE, a certified copy of the qualification in its original language attested by the Ministry of Foreign Affairs in the applicant’s home country and the applicant’s embassy in the UAE | | | |  |
| 1b | If the qualification is in a language other than English or Arabic, please submit a certified translation of the qualification into English | | | |  |
| 2a | A certified copy of transcript listing subjects/courses | | | |  |
| 2b | If the qualification is in a language other than English or Arabic, please submit a certified translation of the transcript listing subjects/courses into English | | | |  |
| 3 | Authentication and Confirmation of the Certificate from the Awarding body or the provider/institution  (*As per QAD Authentication/Confirmation Form*) | | | |  |
| 4 | Copy of passport, ID, or any official document for personal identification with photograph | | | |  |
| 5 | A description of the program studied for the qualification. The applicant should obtain this description from the awarding body, but if the awarding body is unable to provide this | | | |  |
| 6 | Evidence of qualification content, description, size, number of hours studied, level | | | |  |
| 7 | Proof of change of personal details (if applicable) | | | |  |

**PART B – Consent Regarding Data Protection**

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| **Section 1 Personal Details** | | | |
| Full Name (as in your passport) |  | | |
| Gender |  | Date of Birth | Select date. |
| Nationality |  | | |
| Emirates ID Number |  | | |
| Passport Number |  | | |
| E-mail Address |  | | |
| Telephone Number | Home/Office (+       ) | Mobile (+       ) | |
| Postal Address |  | | |

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| **Section 2 Consent from the Applicant** |
| I hereby,   * agree that QAD may share my information and documents related to this application with national and international organisations and experts for the purpose of external review, and to confirm and verify my claims and documents. * allow QAD to request information on my behalf to review, confirm and verify my claims and documents. |
| Signature: Date:  Name: |