



TRAINING INSTITUTIONS DATA COLLECTION FORM

Name of Institute: _____

Contact Details:

Main Contact Name: _____

Contact Number: _____

Email Address: _____

Institute's Address: _____

Institute's Website: _____

Staff and Faculty:

Number of Administrative Staff: _____

Number of Trainers: _____

Number of Support Staff: _____

Number of Students: _____

Premises Details:

Foundation Date: _____

Medium of Delivery: _____

Course Discipline (s): _____

Courses Fee Range: _____

Number of Classrooms: _____

Others: _____

Service(s) of Interest:

1. Gamma Quality Mark Academic Consultation
2. Career and University Counseling
3. International Accreditation
4. Continuous Professional Development
5. Curriculum Development
6. Quality Recourse Recruitment and Sustainability
7. Project and Program Management
8. Authorization and Accreditation Aid
9. Other Services