

(NBAA)
**THE NATIONAL BOARD OF ACCOUNTANTS AND AUDITORS
TANZANIA**

P.O.BOX 5128
DAR ES SALAAM
Email : info@nbaa.go.tz
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TUITION PROVIDER ANNUAL RETURN FORM

1. Particulars of the Tuition Provider

1.1 Name of the Institution:

1.2 Address:

Postal Address:

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Tel. No(s)**Mobile No.**

Fax:

Email:

1.3 Validity of Business Entity:

Business Licence No..... Validity Date:.....

1.4 Institutional Management:

Official Title of the Chief Executive:

Name of the Chief Executive:

Contact Address: Postal Address:

Location: City/Town:

Street Name and Plot No.....

Tel. No(s).

Fax No.

Website:

(Submit separate form if your institution has branches)

2.0 Details of the Programme

2.1 Students' Enrolment

Indicate the examination levels in which tuition was provided and the number of students enrolled in each examination level for the period under review:

Examination level	Session	No. of students	
		Male	Female
ATEC I	July-Nov		
	Jan-May		
ATEC II	July-Nov		
	Jan-May		
FOUNDATION STAGE	July-Nov		
	Jan-May		
INTERMEDEATE STAGE	July-Nov		
	Jan-May		
FINAL STAGE	July-Nov		
	Jan-May		

2.2 Duration of Training and timetable

2.2.1 Attach a list showing the subjects taught, number of hours allocated per week and number of weeks available in the training session as per format shown below:

S/n	Subject	Number of hours per week	Number of weeks

2.3 Types of Assessments Administered during the period

Mention type of assessments administered and their frequency:

S/n	Type of assessment	Frequency	Remarks
1.	Mock exams		
2.	Timed tests		
3.	Classroom tests		
4.	Take home assignments		
5.	Group assignments		

(Attach photocopies of the assessments mentioned above)

1.0 Physical Resources

Physical resources available to support training:

(Tick/fill as appropriate)

1.1 Office (s):

Owned: () Leased: () (attach lease agreement)
Lease period:.....

3.2 Classrooms:

Owned: () Leased: () (attach lease agreement)
Lease period:

Indicate where the classes are located:

City/Town

Street NamePlot No/Name of the
Building.....

No. of classrooms: Capacity per class:

Indicate whether the premise above is leased or owned (Tick - ✓)

Owned () Leased ()

3.3 Library /Book Loan Services:

Do you provide Library Services - **Yes** () **No** ()

(a) If yes, what is the sitting capacity of your library?

(b) How many book titles do you have?:

(c) How do you manage the book loan service:

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3.4 Teaching Aids:

Indicate the teaching equipments/aids used.

Tick as appropriate)

- (a) Black/White Boards ()
- (b) Flip Charts ()
- (c) Overhead Projector ()
- (d) Others: Specify:

2.0 Teaching Staff/Administrative Staff

2.1 Teaching Staff:

Attach a list of your trainers engaged during the training session per format shown below:

S/n	Name of Trainer	Qualification	Subject (s) teaching	Training Session Jan – May or July – Nov.	Employment Status with your institution (part time/full time)

2.2 Administrative Staff:

Attach a list of your administrative staff engaged during the training session (s) per format shown below:

S/n	Name of Officer	Qualification	Job Title	Employment Status with your institution (part time/Full time)

3.0 COMMENT ON ANY ISSUE WHICH NEED THE ATTENTION OF THE BOARD

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4.0 DECLARATION

I certify that the above information furnished by me is complete and true to the best of my knowledge.

NAME:.....

TITLE:.....

SIGNATURE:

DATE:.....

OFFICIAL STAMP:.....