**QUALITY ASSURANCE AGENCY REVIEWS AND CONSULTANCY VISITS:**

**OPEN CALL FOR PARTICIPATION OF**

**AFRICAN QUALITY ASSURANCE AGENCIES / GOVERNING BODIES OF QUALITY ASSURANCE IN HIGHER EDUCATION**

**APPLICATION FORM FOR AGENCY REVIEWS AND CONSULTANCY VISITS**

*Responses may be given in English, French or Portuguese.*

**Name of organisation:** Click or tap here to enter text.

**Country:** Click or tap here to enter text.

**Name of legal representative:** Click or tap here to enter text.

**Email address of legal representative:** Click or tap here to enter text.

**Name of contact person:** Click or tap here to enter text.

**Email address of contact person:** Click or tap here to enter text.

**The organisation is applying for a**

Agency review

Consultancy visit

*(please tick)*

**Preferred language of review/consultancy visit**

English

French

Arabic

Portuguese

*(please tick)*

**Would you be willing to translate your self-assessment report into English if one of the members of the international peer review team requires it?**

Yes

No

*(please tick)*

**How is external quality assurance currently arranged in your country and what are the responsibilities of your organisation?**

*(please explain briefly – maximum 300 words)*

Click or tap here to enter text.

**What is the motivation for your organisation to take part in this exercise and what are your organisation’s expectations for the exercise? If your organisation had a review or consultancy visit organised by the HAQAA Initiative in 2018, please briefly explain the recent developments and justify the need for a follow-up review.**

*(please explain briefly – maximum 500 words)*

Click or tap here to enter text.

**If your organisation and/or country is currently receiving other donor and partner support for quality assurance of higher education, please list it here and briefly explain how synergies will be sought between the agency review/consultancy visit and other relevant initiatives.**

Click or tap here to enter text.

*To be signed by the legal representative of the organisation*

I confirm that I have read the full call for participation and that, if selected, my organisation will commit the necessary resources to participate fully and actively in the process.

SIGNATURE DATE

**The completed form should be returned to Anna Gover (Senior Project Manager for HAQAA at ENQA):** [**anna.gover@enqa.eu**](mailto:anna.gover@enqa.eu) **by 11 September 2020.**