

# ACTVET

Abu Dhabi Centre for  
Technical and Vocational  
Education and Training

مركز أبوظبي  
للتعليم والتدريب  
التقني والمهني

## TRAINING PROVIDER NAME

Training Provider Address

[Publish Date]

*Version*

**BUSINESS PLAN**

**LICENSING DEPARTMENT**

## TRAINING PROVIDER PROFILE

### CONTACT INFORMATION

Institute Name :		Date:	
Institute Principal/Director Name:			
Direct Landline :		Mobile No. :	
Institute Administrator Name:			
Direct Landline:		Mobile No:	

### ADDRESS

Street:		Building:	
Floor:		Area :	
City:		P.O Box:	
Telephone Number (L):		Telephone No. (M)	
Website :		Email Address:	

### LICENCE DETAILS

Premises License No:		Date of Issue:		Date of Expiry:	
ACTVET License No:		Date of Issue:		Date of Expiry:	

### SUMMARY OF EXPERIENCE IN EDUCATION / TRAINING

No. of Years in Operation		Current Learner Attendance (%)	
No. of Full-time Teachers		Turnover of Learners (%)	
No. of Part-time Teachers		Turnover of Teaching Staff (%)	
No. of Learners (current figure)		Learner / Teacher Ratio:	:

### Education/Training Program Provision

1		6	
2		7	
3		8	
4		9	
5		10	

List the names of any awarding professional bodies with whom your institute has been registered or associated within the past three years. Please indicate if you are currently registered with these bodies or not.

Name of the Body	Currently Registered	Previously Registered

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### 6. DECLARATION

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The owner(s) have read and agreed to all the terms discussed in this business plan and will ensure ACTVET that they will adhere to all external agencies / ACTVET policies, regulations, and guidelines. The owner(s) also understand that they will be held accountable for all legal liability issues that may arise with the students, staff, facility, and any external agencies.

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Owner Print Name

\_\_\_\_\_

Owner Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Certified Auditor Print Name

\_\_\_\_\_

Certified Auditor Signature

\_\_\_\_\_

Date