**ACTIVATE Project – Expression of Interest (EOI) Submission Form**

**For Prospective Training Service Providers (TSPs)** **To Deliver CBT and Non-CBT Skill-Based Short Training Programs**

**1, Institutional Details**

|  |  |
| --- | --- |
| **Parameter** | **Response** |
| Name of Institution |  |
| Type (Public / Private / NGO) |  |
| Year of Establishment |  |
| Legal Registration Status |  |
| Physical Address |  |
| Region / District / Location |  |
| Website (if any) |  |
| Primary Contact Person |  |
| Designation |  |
| Contact Number |  |
| Email Address |  |
|  |  |

**2. Institutional Profile**

|  |  |
| --- | --- |
| **Parameter** | **Response** |
| Mission and Vision of the Institution |  |
| Main Training Focus Areas (e.g., agriculture, agribusiness, mechanization,, etc.) |  |
| Previous Experience in Skill-Based Training (CBT / Non-CBT) |  |
| Experience in Agricultural Training (if applicable) |  |
| Number of Years Conducting Skills Training |  |

**3. Infrastructure & Training Facilities**

|  |  |
| --- | --- |
| **Type** | **Indicate "Available", "Under Development", or "Not Available" and provide comments** |
| Classrooms /Training Halls |  |
| Practical Labs / Workshops |  |
| Agricultural Fields or Demo Sites |  |
| Tools & Equipment (specify relevance to proposed training) |  |
| ICT Equipment and Digital Learning Facilities |  |
| Safety and Disability Access Compliance |  |

**4. Human Resource Capacity**

|  |  |
| --- | --- |
| **Type** | **Indicate "Available", "Under Development", or "Not Available" and provide comments** |
| Total Number of Trainers |  |
| Number of CBT-Certified Trainers |  |
| Number of non-CBT Expert Trainers |  |
| Number of Trainers with Practical Industry Experience |  |
| Number of Administrative/Technical Support Staff |  |

**5. Training Programs Offered**

|  |  |
| --- | --- |
| **Type** | **List the Courses and indicate the Duration** |
| List of Current / Proposed CBT Programs |  |
| List of Current / Proposed Non-CBT Programs |  |
| Inclusion of Soft Skills (Entrepreneurship, Leadership, Communication | **Yes** |  | **No** |  |
| Practical Orientation (On-site or Simulated Practical) | **Yes** |  | **No** |  |
| Assessment & Certification Mechanisms in Place | **Yes** |  | **No** |  |

**6. Industry Linkages & Work-Based Learning**

|  |  |
| --- | --- |
| **Parameter** | **Response** |
| Existing MOUs / Industry Partnerships (list and attach copies if available) |  |
| Internship / Apprenticeship Systems in Place | **Yes** |  | **No** |  |
| Industry Participation in Curriculum / Instruction (non-CBT courses) | **Yes** |  | **No** |  |

**7. Financial & Operational Sustainability**

|  |  |
| --- | --- |
| **Parameter** | **Response** |
| Fee Structure for Courses (attach a sample fee schedule) |  |
| Income-Generating Activities (e.g., farms, workshops, products) |  |
| Co-Investment or Cost-Sharing Willingness | **Yes** |  | **No** |  |
| Post-Project Sustainability Strategy ***(Provide summary)*** |  |

**8. Access, Equity & Student Support**

|  |  |
| --- | --- |
| **Parameter** | **Response** |
| Strategies to Include Vulnerable Groups (Youth, Women, PWDs, RDPs) |  |
| Physical Accessibility of Facilities | **Yes** |  | **No** |  |
| Access to ICT Tools and Digital Content for Learners | **Yes** |  | **No** |  |
| Career Guidance and Counseling Services | **Yes** |  | **No** |  |
| Active Alumni or Employer Network | **Yes** |  | **No** |  |

**9. Branding & Public Perception**

|  |  |
| --- | --- |
| **Parameter** | **Response** |
| Learners Recruitment strategies (describe briefly) |  |
| Initiatives to Promote Skilled Trades Positively | **Yes** |  | **No** |  |

**10. Institutional Policies**

*Which of the following policies does your organization have?*

|  |  |
| --- | --- |
| * **Gender Policy**
 |  |
| * **Recruitment Policy**
 |  |
| * **Environment and Climate Change Policy**
 |  |
|  |  |

**11. Supporting Documents**

|  |  |
| --- | --- |
| **Parameter** | **Tick Those Attached** |
| Copy of Legal Registration Certificate |  |
| Accreditation/Training License |  |
| Cover Letter |  |
| Brief Profile of the firm |  |
| List of Trainers and Their Qualifications |  |
| Profiles of training and support staff |  |
| Sample Curricula / Course Outlines |  |
| Infrastructure Photos or Inventories |  |
| MOUs / Partnership Agreements |  |
| Sustainability Plan / Business Proposal |  |
| Fee Schedule |  |
| Disability Inclusion and Equity Policies |  |
| Any Other Relevant Supporting Documents (***state***) |  |

**Declaration by Institution Representative**

I hereby declare that the information provided in this Expression of Interest is true and complete to the best of my knowledge. I understand that submission does not guarantee selection, and that the institution may undergo further assessment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position** | **Signature** | **Date** |
|  |  |  |  |

**Submission Instructions**

* Submit completed EOI form and supporting documents to: wuscghanaoffice@wusc.ca
* Subject: **“EOI – ACTIVATE TSP Application**
* Deadline for Submission: **20th June, 2025**