



Application for registration of a SEN Institution

<i>For Office Use Serial</i>					
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In accordance with section 5(b) of The Special Education Needs Authority Act 2018, I hereby apply for the registration of the undermentioned Special Education Needs (SEN) Institution.

1. Details of the SEN Institution

Name			
Address			
Phone number			
Fax number			
Email address			
Website			
Type of Institution <i>(Please tick as appropriate)</i>	Grant-Aided		
	Non Grant-Aided		
	Private		
	Fee Paying		
	Non Fee Paying		
Types of disabilities catered for			
Specialized services provided			

Proposed date of opening of the Institution	
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2. Details of the Head and/or Manager of the Institution

	Head of Institution	Manager of Institution
Name		
Residential Address		
Phone number(s)	Office: Mobile:	Office: Mobile:
Fax number		
Email address		

3. Details of owner(s) of building(s) occupied by the Institution

Name	
Residential Address	
Phone number	
Fax number	
Email Address	

Note: For rented building(s), please attach Deed of Lease.

4. Details of Teaching Staff

SN	Surname	Other names	Date of Birth	Designation	Date of appointment	SENA Teachers' License No. (for office use)
1						
2						
3						
4						

5. Details of Non-Teaching Staff

SN	Surname	Other names	Date of Birth	Designation	Date of appointment	SENA Teachers' License No. (for office use)
1						
2						
3						
4						

6. School Population

No. of Boys enrolled	
No. of Girls enrolled	
Total school population	

7. Details of classes

SN	Class Name	Class Capacity	Grade/ Level	Chronological Age Range	Mental age Range	No. of pupils		
						No. of boys	No. of girls	Total

8. Details of the student population

<p>Class 1 Class Name*:</p>	SN	Name of student	Chronological Age	Disability as per Medical Certificate <i>(please attach copy of MC)</i>
<p>Class 2 Class Name*:</p>	SN	Name of student	Chronological Age	Disability as per Medical Certificate <i>(please attach copy of MC)</i>

Class 3			
Class Name*:			

(Please use same order as in Table 7)

9. Area of classrooms

Classrooms	Classroom Name	Length/m	Width/m	Area/m²	Remarks
1					
2					
2					
4					

10. Facilities available

SN	Facilities available	Specifications	Remarks
1	Library		
2	Computer room		
3	Multi-sensory room		
4	Toilets		

5	Adapted toilets		
6	Kitchen/ Dining Area		
7	Play area		
8	Handrails		
9	Others <i>(Please specify and add row if needed)*</i>		

**You may wish to consult the Norms and Standards for reference*

11. Assistive Equipment and Devices

SN	Assistive Equipment/ Device	Quantity in working order	Date of purchase
1			
2			
3			

12.Amenities available

SN	Items		Quantity	Remarks
1	First Aid Box			
2	Classes getting natural light			
3	Classes requiring artificial light (as no natural light reaches the class(es))			
4	Toilets	Girls' cubicles		
		Boys' cubicles		
		Boys' urinals		
		Female staff cubicles		
		Male staff cubicles		
		Male staff urinals		
5	Showers	Female		
		Male		
6	Changing table			
7	Water points <i>(please specify number of water points with drinking water)</i>			

8	Wash hand basins		
9	Water storage units/ tanks <i>(Please specify capacity of each in litres)</i>		
10	Fans in working order		
11	Functioning air conditioning units		
12	Fire extinguishers		
13	Refuse disposal <i>(Please specify size of each in metres (length, width and height))</i>		
14	Circulation corridor space <i>(Please specify width of corridor space in cm)</i>		
15	Others <i>(Please specify and add row if needed)</i>		

13. Play Space and Playground

Is play space available? <i>(please specify number of play spaces available)</i>		
Dimensions of play spaces	Play Space No. 1 Length/m:	Play Space No. 2 Length/m:

<i>(please add additional columns if more than two play spaces are available)</i>	Width/m:	Width/m:	
Is/ Are the play space(s) fenced and secure?			
Is a playground available?			
Dimensions of playground	Play Space No. 1	Play Space No. 2	
	Length/m:	Length/m:	
	Width/m:	Width/m:	
Is the playground fenced and secure?			
Outdoor Equipment available	Equipment	Quantity	Date of purchase

14. Other services provided

Services provided	Yes	No	Details of services provided	Provided by
Medical Services				
Paramedical services				
Insurance coverage of learners <i>(please specify type)</i>				
Meal				

15. Clearances

SN	Item	Date of issue of document	Expiry date
1	Certificate of registration issued by the Registrar of Associations		
2	Certified copy of the rules of association		
	Business Registration Number		
	Last Audited Accounts certified by the Registrar of Associations		

3	Relevant permit issued by the local authority in relation to the premises		
4	Certificate issued by the Sanitary Authority under the Public Health Act in relation to the premises		
5	Certificate from the Mauritius Fire and Rescue Service certifying that fire safety requirements are satisfied		

16. Evidences to be produced:

SN	Documents	<i>For Official Use</i>
	Register of enrolment	
	Register of teachers, teacher assistants and non-teaching staff	
	Attendance registers for learners, teachers, teacher assistants, non-teaching staff and SEN carers	
	Inspection register	
	All financial records	
	Visitors' book	
	Inventory of furniture and equipment	

	Time table of studies and activities	
	Learners' Profile Books	
	Daily occurrence book	

Note: Notwithstanding the above information, the Authority may request such other information or documents as it may determine necessary.

I hereby certify that the above information is true and correct to the best of my knowledge.

Date:

Signature of Manager:

Seal of SEN Institution:



For Office Use:

I, the undersigned, certify having verified onsite the above information, ascertain to its correctness and recommend/ do not recommend* the registration of the SEN Institution.

***ground for non-recommending the registration and improvement(s) required:**

- 1.**
- 2.**
- 3.**

Remedial action taken on: (To attach relevant report)

Date:

Name:

Post:

Signature:

For SENA Use

This is to certify that the above application for registration has been approved/ not been approved by the SENA Board on itsth Board Meeting held on

Signature of authorized officer:

Name:

Post:

Date:

For Office Use:

Certificate of Registration No.:

Issued on:

Fee paid:

Signature of authorized officer:

Name:

Post:

Date: