



ASHGHAL

Training Provider Pre-Qualification Form



ASHGHAL

TRAINING PROVIDER PRE-QUALIFICATION FORM

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When filling out the form, please note the following:

1. Form must be filled accurately and completely.
2. (3) hard copies and (1) soft copy of the following must be provided:
 - Commercial license
 - Instructor Profiles
 - Internationally Certified Programs, if any
 - Partnership or Affiliation Agreements, if any
 - Quality Assurance Certifications
 - Awards, if any
 - Course samples and outlines
3. All hard copies should be sent to the following address:
PUBLIC WORKS AUTHORITY
HR Department
Training & Development Section
P.O. Box 22188
Doha, Qatar
4. All soft copies should be sent to the following email addresses:
mazzam@ashghal.gov.qa
rjouzi@ashghal.gov.qa

1. COMPANY PROFILE

Company Name:

Type of Business:

Commercial License:

Address:

Fax:

E-mail:

Website:

Contact Person:

Designation:

Contact Number:

Contact Email:

2. QUALITY MANAGEMENT

A. Please provide a statement of the mission and vision of your establishment.

B. List any quality assurance certifications obtained by your establishment.

C. List any awards or prizes received by your establishment.

3. MANPOWER

Management staff

List the key management personnel in your establishment:

	<i>Name</i>	<i>Position</i>	<i>Hiring date</i>	<i>Contact number</i>	<i>Part-time</i>	<i>Full-time</i>
1						
2						
3						
4						
5						

Supporting Staff

List your key supporting staff (e.g. helpdesk, receptionist, ...etc.):

	<i>Name</i>	<i>Position</i>	<i>Hiring date</i>	<i>Contact number</i>	<i>Part-time</i>	<i>Full-time</i>
1						
2						
3						

Instructors

Number of Full-time Instructors

Number of Part-time Instructors

List the details of instructors employed by your company over the last 12 months:

<i>Name</i>	<i>Degree</i>	<i>Professional Certification</i>	<i>Contact No.</i>	<i>Full-time</i>	<i>Part-time</i>

4. PHYSICAL STATUS

Branches

List your establishment's operational branches:

<i>Branch</i>	<i>Address</i>	<i>Head of Branch</i>	<i>Contact Number</i>

Facilities

Number of facilities owned solely by the company _____

Number of training classrooms _____

Number of technical workshops _____

Other facilities (please specify):

5. CAPABILITIES (AREAS OF SPECIALITY)

Mark a **maximum** of 3 areas where you are most specialized:

- Leadership / Management
- Soft Skills
- English language
- Project Management
- Construction
- Specialised IT
- Software suites
- Health, Safety & Environment (HSE)
- Engineering & Maintenance
- Ashghal-specific disciplines (*Please specify*)

- Others (*Please specify*)

List 4 of your establishment's best programs, and state why they stand out:

Program:
Reason:
Program:
Reason:
Program:
Reason:
Program:
Reason:

List any internationally certified / accredited programs your establishment delivers:

Does your company have any agreements, affiliations, associations or partnerships with international universities, colleges, societies or organizations?

Yes

No

If yes, please fill in the table below and attach copies of confirmation documents:

Affiliated with	Contact name	Contact number

Have you provided training to the construction sector (local / regional / international)?

Yes

No

If yes, please fill in the table below:

<i>Course Title</i>	<i>Company</i>	<i>Reference Person</i>	<i>Contact No.</i>	<i>Date</i>

Thank you for taking the time to fill in our Training Provider Pre-Qualification Form. **Ashghal** will contact qualified providers within three months from date of application. If you have not been contacted by then, we regret not having accepted your application.

YOU MAY REAPPLY ONE YEAR FROM THE DATE OF APPLICATION.

Members of the Pre-Qualification Committee