Additional qualification approval application form

This form should be completed by Innovate Awarding approved centres

|  |  |
| --- | --- |
| Centre name |  |
| Centre number |  |
| Telephone number |  |
| Contact name |  |
| Email address |  |

**Qualification details**

Please provide details of the additional qualifications you are applying to deliver

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Qualification number | Qualification title | Estimated number of registrations in the first year of delivery | \*Are you currently running this qualification with another AO? (please name) | \*Do you have DCS for this qualification with another AO? (Y/N) |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |

If you have been approved and are offering these qualifications through another awarding organisation, please provide the last monitoring/QA/sampling reports from that awarding organisation (please attach to this application as this may speed up the approval process).

You will need to provide evidence of your centre’s ability to meet regulatory requirements with regard to the delivery of the qualification(s).

|  |  |
| --- | --- |
| Statement | Yes/No/ N/A |
| The resources available to deliver the qualification(s) meet the assessment strategy and Innovate Awarding’s requirements | Choose an item. |
| There is an assessment and delivery plan appropriate to the qualification(s) and, where applicable, tutor teaching plans and/or schemes of work | Choose an item. |
| There is an appropriate quality assurance system in place, which provides an audit trail of Learner progress | Choose an item. |
| Where the qualification will be delivered through satellite or external assessment sites, Innovate Awarding will be provided with full details and, if required, access to these sites | Choose an item. |

Partnership arrangements

If you are intending to deliver these qualifications through a partner organisation please complete this section.

|  |  |
| --- | --- |
| Name of the Partnership Organisation |  |
| Partnership Type (e.g. Employer, Local Authority, other provider) |  |

|  |  |
| --- | --- |
| Who will be responsible for: | Centre or Partner |
| Registration of the learners | Choose an item. |
| Delivery of learning | Choose an item. |
| Assessing the learners | Choose an item. |
| Internal Quality Assurance | Choose an item. |
| Recruitment and competency checking of assessors | Choose an item. |
| Recruitment and competency checks of IQA staff | Choose an item. |

Staff details

Please provide details of all staff who will be involved in the delivery and quality assurance of the qualifications.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Qualifications | Staff name | Staff Role(Trainer, Assessor, IQA) | Relevant subject qualifications | Relevant qualifications (Assessor, IQA, Teaching) |
|  |  |  |  |  |
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All evidence will be checked at the next visit. In some circumstances this may be requested electronically at the time of application.

Declaration

I confirm that I have the authority to sign this form on behalf of the centre and that all the information supplied within this centre approval application are true, accurate and that I am authorised to make this application to become an approved centre with Innovate Awarding.

|  |  |
| --- | --- |
| Name |  |
| Job title |  |
| Date |  |
| \*Signature |  |

\*If this form is submitted electronically, a signature is not mandatory, but it must be emailed from the centre.