**Qualification Approval Application Form**

**Ofqual, Qualification Wales, CCEA Regulated &**

**Non-Regulated Provision**

This document should be completed if you are a recognised Ascentis centre and you wish to deliver additional Ascentis qualifications.

# Part A: About the Centre

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| **A1 Centre Information** | |
| Centre Name | Company Registration No.  (if applicable) |
| Centre Address  Address of the centre’s main site | Telephone Main contact number for the centre |
| Website Enter URL |
| Invoice Address  (if different from above) | Centre Contact  Contact name for the purpose of centre recognition |
| Email Address Email address for Centre Contact. |
| Centre Quality Nominee  Quality Nominee name | Quality Nominee Email Address  Quality Nominee email |
| Type of Education Provider: Choose an item. \*(If other, please specify) | |
| State the number of years trading. Enter number of years  Will you be bringing overseas learners to the UK? Choose an item.  \*If yes, is the centre on the Register of Sponsors Licensed Under the Points-Based System? Choose an item.  \*\*If yes, is the centre accredited by any of the following? (tick any that apply)  ASIC  BAC  BC | |

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| **A2 Partnership Organisation(s), additional Satellite Sites** | |
| Does the centre intend to work in partnership with any other organisation(s) for the delivery of Ascentis Ofqual/QW/CCEA regulated qualifications? Please Select | |
| \*If yes, I confirm there is a Partnership agreement in place. Please Select | |
| **A2.1 Details of Partnership Organisation(s) (Ofqual/QW/CCEA regulated & non regulated provision only)** | |
| Name of Partnership Organisation | |
| Address | |
| Contact Name | Telephone Number |
| Job Title | Email Address |
| Role and responsibilities of Partner  Please enter details | |
| **A2.2 Details of Satellite Site(s)** | |
| Will the provision be delivered over multiple satellite sites? Please Select  \*If yes, please provide details | |
| Name of Satellite Site(s) | |
| Address | |
| Contact Name | Telephone Number |
| Job Title | Email Address |
| Role and responsibilities of Satellite Site(s)  Please enter details | |
| Will your Centre use these additional sites to conduct externally set assessments Please Select  \*If yes, please state how you intend to manage the security of assessment materials and conduct of assessment across the sites.  Please enter details | |

# Part B: Qualification(s) Approval

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| **B1** Please list the Ascentis qualifications you are applying to deliver as part of the qualification approval process. | | | | | |
| **B1.1 Qualification Title** | **Ofqual/QW/CCEA Code** | **Level** | **Proposed Start date** | **Anticipated Learner Numbers** | |
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| **B1.2 Explain how this/these qualification(s) fit into your existing curriculum** | | | | | |
| Please enter details | | | | | |
| **B1.3 Outline how the qualification(s) will be delivered and assessed** | | | | | |
| Please enter details | | | | | |
| **B1.4 Outline how the GLH/TQT will be met for each qualification** | | | | | |
| Please enter details | | | | | |
| **B1.5 Data Management and Analysis** | | | | | |
| Ascentis will collect and hold data on learners in strict confidence. The data will be used for purposes connected with learners' studies and for the generation of statistics. The data will not be disclosed to any third parties except where there is a statutory requirement to do so for example the DfES. Under the current Data Protection legislation, the centre must ensure that learners are aware of how their personal data will be processed. As this includes sensitive personal data, the learner must give their consent to this. The centre confirms it is in compliance with this requirement. | | | | | Please Select |
| **B1.6 Facilities and Resources** | | | | | |
| Describe the centre’s equipment and facilities, including practical and IT workshops available to support delivery of the qualification(s) in this application. Please enter details | | | | | |

**If approved qualifications do not have any registrations over a 2 year period, the qualification will expire from your account. If you did want to run it again, you would need to re-apply and complete another qualification approval form.**

# Part C: Staffing Details

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| **C1** List all members of staff involved in the delivery, assessment and internal quality assurance for each qualification applied for | | | | |
| **Qualification title** | **Staff Name** | **Staff Role:**  **Tutor/Assessor/IQA (Please indicate the staff member’s role for the proposed provision)** | **Relevant Qualification(s) Held by each member of staff e.g. Cert Ed** | **Relevant Experience** |
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| **You MUST provide CVs through the Ascentis Centre Folder SharePoint site when submitting the application form. CVs should not be sent via email.** *Your Centre’s Quality Nominee should have access to the SharePoint folder. If not, please contact* [*sales@ascentis.co.uk*](mailto:sales@ascentis.co.uk)*.* | | | | |

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| **C1.1 Are there any conflicts of interest within the staff team at your Centre?** | Please select. |

# Part D: Declaration

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| **D1 Declaration** | |
| The Centre declares and confirms that the contents of this Qualification Approval form are accurate and complete. | |
| **This section is to be completed and signed by a member of staff authorised to sign on behalf of the Centre.**  *I declare that I am authorised to sign on behalf of the Centre.* | |
| Centre Name (*please print in full*) |  |
| Management Role/Official Position |  |
| Name (*please print in full*) |  |
| Signature | Date |

**Please retain one copy for your records.**

**On completion please email this form to** [**sales@ascentis.co.uk**](mailto:sales@ascentis.co.uk)**.**

# Internal Office Use Only

**PART E: Outcome of Qualification Approval Review**

**Commercial Team**

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| Date form received in office | Quartz Centre ID | Date passed to QAM |

**Quality Assurance Team**

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| **To be completed by the Ascentis QAM (Qualification Reviewer)** | | |
| Name of Centre |  | |
| Reviewer Name |  | |
| Is a visit required? | Yes  No | |
| **QAM Recommendation** | | |
| Approved | | Deferred |
| **QAM Comments** | | |
| EQA visit conducted?  Yes  No | | |
| Name of EQA Allocated | | |
| If deferred please provide details | | |
| Additional comments | | |
| Name of QAM Reviewer | | |

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| --- | --- | --- |
| Signature |  | Date: |

**Commercial Team**

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| Centre qualification(s) approval application and status updated on Quartz  Resource(s) attached to centre on Quartz – if relevant  Qualification(s) approval letter sent to approved Centre (please cc the Quality Nominee into the email)  Customer Support representative identified to centre  Deputy Commercial Director informed via email | |
| CSA Name: | Date: |