

# Course Notification Form



This form to be completed a minimum of 7 working days prior to the start of delivery of Prehospital care (Including FREC) and Education and Training Qualifications.

## Centre Details

Centre name: \_\_\_\_\_ Centre number: \_\_\_\_\_

## Course Details

Course title: \_\_\_\_\_

Venue: \_\_\_\_\_

Candidate numbers: \_\_\_\_\_

Course dates: \_\_\_\_\_

Assessment dates: \_\_\_\_\_

Trainer/assessor: \_\_\_\_\_

IQA: \_\_\_\_\_

## Further Information

Please use this box to provide any further information required to support your application:

## Declaration

- I confirm I am fully aware of the details and requirements included in the relevant Qualification Specifications and Assessment Guidance.
- I understand Qualseafe Awards Qualifications can only be delivered by a Qualseafe Awards registered Trainer/ Assessor and approved Centre.
- I agree to comply with the Qualseafe Awards Terms and Conditions of Accreditation Services, Centre Agreement and provide all reasonable assistance to enable Qualseafe Awards to meet its regulatory responsibilities.
- I confirm the information provided on this form is accurate, up to date and provides a true account.

Signature	
Print name	
Date	

## How to submit this form

You can email a completed copy of this form (recommended), but we do need the trainer declaration to be signed by the trainer/assessor/IQA. Here are a few options that would be acceptable:

- Print the completed form out, sign it, then email a scanned copy of the signed form to your CRE
- Email the completed word document then post a signed paper copy to follow on.
- Print the completed form out, sign it then post it to us (keep a copy yourself).

Email: [qualityassurance@qualseafeawards.org](mailto:qualityassurance@qualseafeawards.org)

Address: Qualseafe Awards, City View, 3 Wapping Road, Bradford BD3 0ED

## Qualseafe Awards (Office use only)

Please review details of the application:

Qualification	Approved Yes/No	Date awarded	Review staff initial