



Centre Approval Application Form

Centre Approval Application Form



Training providers seeking approval to deliver Qualseafe Awards (QA) regulated qualifications should complete this form.

The submission of a Centre Approval application form is not a guarantee of approval being granted and Qualseafe Awards reserves the right to reject any application without explanation. In addition, if approval is requested for more than one suite of qualifications, approval may only be granted for one suite initially.

Organisation details

Organisation/Centre name

Trading name (if different)

Registered address

Trading address (if different)

Landline

Mobile number

Email*

Website

Date established/incorporated

VAT number

***Important:** email is our main method of communication with Centres

Legal status

- | | | |
|--|--|------------------------------|
| <input type="checkbox"/> Limited company | <input type="checkbox"/> Partnership | <input type="checkbox"/> LLP |
| <input type="checkbox"/> Sole trader | <input type="checkbox"/> Charity | <input type="checkbox"/> NHS |
| <input type="checkbox"/> Educational charity | <input type="checkbox"/> Government body | |
| <input type="checkbox"/> Other, please state | | |

Please be aware that in some cases QA may require proof of identity from Sole Traders, for example: a copy of a passport and/or recent utility bill.

Registered Company Number
(if applicable)

Registered Charity Number
(if applicable)

Please provide the name and address of each proprietor, partner or director for limited companies, LLPs, sole traders or small to medium organisations (please state whether you are a general or limited partner)

Name	Name
Role	Role
Address	Address
Email	Email

Name	Name
Role	Role
Address	Address
Email	Email

Please continue on a separate sheet if necessary

Is your Centre part of a larger organisation? If so, please provide further details.

Centre staff

Head of the organisation/Centre

Name	
Job title	
Email	Landline
Mobile	Full time <input type="checkbox"/> Part time <input type="checkbox"/>

Responsible Person

Who will be the named person accountable to Qualsafe Awards for your Centre?

Name	
Job title	
Email	Landline
Mobile	Full time <input type="checkbox"/> Part time <input type="checkbox"/>

Centre Administrator

Who will be the main point of contact for day-to-day activities at your Centre?

Name	
Job title	
Email	Landline
Mobile	Full time <input type="checkbox"/> Part time <input type="checkbox"/>

Which other roles within your organisation does your Centre Administrator fulfil? (Tick all that apply)

<input type="checkbox"/> Management	<input type="checkbox"/> Trainer/Assessor	<input type="checkbox"/> Internal Quality Assurer (IQA)
<input type="checkbox"/> Human Resources	<input type="checkbox"/> Administrator	<input type="checkbox"/> Owner/Director
<input type="checkbox"/> Other, please state		

Accounts/Finance Contact

Name

Job title

Email

Landline

Mobile

Full time

Part time

Third party and contracting arrangements

Give details of any third party or sub-contracting arrangements you have or intend to make:

- In relation to the delivery and assessment of QA qualifications
- Concerning the marketing, advertising, recruitment or enrolment of Learners to such qualifications

Approval and accreditation information

Is your Centre approved by any other Awarding Organisation? Yes No

If yes, please provide the name of the Awarding Organisation and your Centre number

Please provide any information you can to support this; such as a description of your Centre's activities, achievements, resources, facilities and any other information you think may be useful

Has your Centre ever been refused approval by an Awarding Organisation? Yes No

Has your Centre ever had Direct Claims Status withdrawn or approval removed? Yes No

If yes, please provide:

Name of Awarding Organisation

Reason for refusal or direct claim status removal

Date of refusal/removal

Is your organisation recognised by any other accrediting or regulatory body? E.g. ISO, Ofsted, ISI, IIP, CQC etc

Accrediting body	Approval date	Date of last EQA/EV visit/inspection
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Can you provide a copy of your last accreditation inspection report(s)? Yes, attached No, cannot provide

Approval and accreditation information

Trade references

Please give details of **two** organisations willing to provide a reference in support of your application, e.g. a reputable organisation you are associated with in a business or professional capacity or another Awarding Organisation

Name	
Job title	
Organisation	
Relationship to you	Landline
Email address	

Name	
Job title	
Organisation	
Relationship to you	Landline
Email address	

Please be aware that in some cases QA may require proof of identity, for example: a copy of passport and/or utility bill.

Learner information

Approximately how many Learners have you trained in the last 12 months?

How many Learners do you expect to train through QA in the next 12 months?

Please tick which statement describes 10% or more of your Learners

- | | |
|--|---|
| <input type="checkbox"/> Employees of your organisation | <input type="checkbox"/> Job seekers |
| <input type="checkbox"/> Employed or members of the public on open/scheduled courses | <input type="checkbox"/> Funded Learners |
| <input type="checkbox"/> Have English as a second language | <input type="checkbox"/> Immigration applicants |
| <input type="checkbox"/> Do not speak English | <input type="checkbox"/> Other, please provide details: |

Please tick any statement that relates to how or where you deliver your training

- | | |
|--|---|
| <input type="checkbox"/> At your own training premises | <input type="checkbox"/> By distance learning |
| <input type="checkbox"/> At a customer/client premises | <input type="checkbox"/> By online learning |
| <input type="checkbox"/> At a hired venue | <input type="checkbox"/> By blended learning |
| <input type="checkbox"/> Overseas | |

Quality assurance and compliance

Please confirm your Centre agrees to:

Make QA aware of all changes relating to:
Company Name, Ownership or Legal Status
Centre Staff (Head of Organisation/Centre, Responsible Person, Centre Administrator,
Accounts/Finance Contact)
Trainers/Assessors/IQAs
Contact Details (Addresses, Email addresses, Telephone Numbers)

Maintain adequate resources, management and systems required to deliver,
assess and quality assure QA's qualifications

Register with the Learning Record Service (LRS) for the purpose of obtaining
Unique Learner Numbers (ULN) on behalf of Learners*

Maintain security and confidentiality of assessment materials before, during and after delivering a qualification

Maintain an appeals, enquiries and complaints policy/procedure for Learners

Have arrangements in place to prevent, investigate and manage malpractice and/or maladministration
(including managing any whistleblowing reports received)

Comply with QA's Centre Terms and Conditions, Centre Agreement and Data Management Contract
and provide all reasonable assistance which enables QA to meet all regulatory responsibilities

*Registration with LRS is free but if you choose not to, QA can obtain/check ULNs on your behalf at a charge of £5 for every ULN obtained/checked.

Qualification registration

Qualification details

Please provide the information listed below for each of the qualifications you intend to deliver.

Qualification title (including Level)	Number of Trainers/ Assessors	Number of IQAs	Expected number of Learners (year 1)	Expected number of Learners (year 2)

Refer to each Qualification Specification to ensure your Trainers/Assessors/IQAs meet the necessary requirements.

Qualification registration

Course materials and paperwork

QA provides course materials and paperwork for the majority of its qualifications. If you choose not to use the materials provided or recommended by QA, you may be required to supply copies for approval.

For each qualification suite, please indicate which of the following you intend to use.

	First Aid		Health and Safety		Food Safety		Manual Handling		Fire Safety		Prehospital Care		Education and Training		Health and Social Care	
	QA	Other	QA	Other	QA	Other	QA	Other	QA	Other	QA	Other	QA	Other	QA	Other
Learner Register	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course Evaluation Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course Overview/Lesson Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reference books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If other, please state:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Trainer/Assessor/IQA approval

A Trainer/Assessor/Internal Quality Assurer Application Form must be completed for each individual at your Centre that will be delivering, assessing and/or internally quality assuring QA qualifications

Centre requirements

Please confirm that your Centre has the following documents / meets the following requirements.
Please provide copies of all documentary evidence required:

I hereby confirm that my Centre has:	Confirmed	Copies Enclosed
Professional Indemnity, Public Liability and (where applicable) Employers Liability Insurance		
Appropriate policies in place supporting Equality and Diversity for staff and Learners (including details on access to assessment)		
A policy covering Internal Quality Assurance (where required, please refer to the qualification specifications)		
A policy covering Health and Safety		
A policy or process for managing malpractice and maladministration (including details of how whistleblowing reports received are managed)		
Additional equipment and venue requirements for specific qualifications (where applicable)		

Further information

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

Declarations

Conflict of interest

Please answer “yes” or “no” to the following questions. If a “no” is given, please provide further details in the Further information section.

Yes	No	I hereby confirm that:
		I have read and understood the Qualsafe Awards Conflict of Interest Policy.
		I have ensured the Conflict of Interest Policy has been read and understood by all relevant personnel at this Centre and any third parties who are involved in the delivery of Qualsafe Awards qualifications.
		I confirm that no member of staff of this Centre has a significant or influential relationship with Qualsafe Awards, its sponsors or collaborators.
		I can confirm that no member of staff of this Centre has a financial interest in Qualsafe Awards, its sponsors or collaborators.
		I can confirm that no member of staff or management of this Centre holds any position or appointment as a Director (Executive or Non-executive) or Company Secretary in any company that may represent a conflict of interest with Qualsafe Awards activities.
		I can confirm that this Centre, its staff and management does not have a significant or influential relationship with another Qualsafe Awards Centre or is party to any reciprocal arrangements that might compromise the ability to make reliable and professional judgements.
		I can confirm that all reasonable steps have been taken to avoid any part of a Learner assessment being undertaken by any person who has a personal interest in the result of the assessment (e.g. the assessor is the partner of the Learner, etc.). In addition, any exceptions will be reported to Qualsafe Awards as soon as possible and preferably prior to the assessment taking place. I understand that that assessment will be subject to external quality assurance by Qualsafe Awards.

- I confirm that the above information has been completed to the best of my knowledge and understand that if the information is later found to be false, I, or the Centre that I represent, may be subject to sanctions imposed by Qualsafe Awards.
- I confirm that the Centre will inform Qualsafe Awards of any changes to the circumstances around any conflicts of interest that have been declared within this application
- I confirm that the Centre will inform Qualsafe Awards of any further conflicts of interest that may arise by submitting a completed *Conflict of Interest Disclosure Form*.

Modern Slavery Statement

- Is your organisation required to produce and publish a Modern Slavery Statement? (commercial organisations operating in the UK that have an annual turnover of £36m or greater are required to do so)
- If you have ticked “yes”, please provide a copy of your most recent Modern Slavery Statement with your application.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Centre confirmation

- I confirm I am fully aware of the details and requirements included in the Qualification Specifications and assessment guidance for the qualifications I want to deliver and/or quality assure.
- I understand Qualsafe Awards qualifications may only be delivered and/or internally quality assured by Qualsafe Awards registered Trainers, Assessors and IQAs through Qualsafe Awards approved Centres.
- I understand that Learner records must be retained for a minimum of three years.
- I confirm that each individual whose personal data has been included in this application has consented to this inclusion and use as per the QA Privacy Policy, which is available to view on our website at www.qualsafeawards.org/privacy-policy.
- I confirm the information provided on this form is accurate and up to date.

The details provided in this form will be used for the purposes of Qualsafe Limited marketing. Details of this can be found in our Privacy Policy. QA customers can choose to opt out by indicating this within the Further Information section or when receiving any future marketing communication.

Signature
(Responsible Person)

Print name
(Responsible Person)

Centre name

Date

How to submit this form

We recommend you complete this form electronically and email a copy to: info@qualsafeawards.org. Alternatively, you can print and post a copy to: Qualsafe Awards, City View, 3 Wapping Road, Bradford BD3 0ED. Please make sure to retain a copy for your records.

To arrange the payment of your Centre Application fee, please call 0845 644 3305.