**CR1e ONSCREEN TEST DELIVERY APPLICATION[[1]](#footnote-1)**

You only need to complete this form if your centre intends to deliver qualifications which include external assessments. Please note completion of this form is mandatory before qualification approval is given and your centre approved for online assessments.

Prior to completion of this form, you must refer to the following:-

* EX6 Skills and Education Group Awards Instructions for the Conduct of Examinations. This document is available on our website in the Info Hub.

Should you have any difficulties accessing the above please contact us on 0115 854 1620 and we will be happy to assist you.

**1 CENTRE DETAILS**

|  |  |
| --- | --- |
| **ORGANISATION NAME** (Sole trader registered with HMRC; legal entity as registered with Companies House / the Charity Commission; UK Register of Learning Providers UKRLP) | |
|  | |
| **TRADING NAME** – if different from Organisation Name | |
|  | |
| **ADDRESS** (registered address) | |
|  | |
| **POST CODE** | **UKPRN** if applicable (The centre’s unique UK Register of Learning Providers number) |
|  |  |

|  |  |
| --- | --- |
| **ADDITIONAL SITES OR ALTERNATIVE EXAMINATION VENUES** | |
|  | |
| **ADDRESS** | |
|  | |
| **POST CODE** | **UKPRN** if applicable (The centre’s unique UK Register of Learning Providers number) |
|  |  |

(If alternative sites/additional venues are in place following approval please submit this revised form to us).

**2 ONSCREEN TEST USER ACCOUNT DETAILS**

The person named in this section will be provided with a User account for our exams platform, XAMS. They will also be copied into any approval confirmation.

|  |  |
| --- | --- |
| **NAME** | **SITE LOCATION** |
|  |  |
| **EMAIL** | **TEL** |
|  |  |

**3 AUTHORISATION**

**I am authorised to submit this application and can confirm the following:**

* **I have read EX6 Skills and Education Group Awards instructions for the Conduct of Examinations, understand the requirements for invigilation and can confirm that the test environment will meet the requirements.**

|  |
| --- |
| **NAME** |
|  |
| **POSITION** |
|  |
| **DATE** |
|  |
| **EMAIL** |
|  |

Please email to [centre](mailto:centre)recognition@skillsedugroup.co.uk if part of an application for Centre Recognition or include with your ‘CR2 Intention to Deliver’ form if part of an application for Qualification Approval.

1. Available on our website [↑](#footnote-ref-1)