## CR2 INTENTION TO DELIVER

Please find below some notes to support your ‘Intention to Deliver’ application.

Should you have any queries please do not hesitate to contact our Centre Recognition Team via [centrerecognition@skillsedugroup.co.uk](mailto:centrerecognition@skillsedugroup.co.uk).

Aseparate ‘CR2 - Intention to Deliver Form’must be completed for **each** sector your centre wishes to offer within.

If you are a centre that is new to us this form must also be submitted with a ‘CR1 - Centre Recognition Application’[[1]](#footnote-1) and sent to [centrerecognition@skillsedugroup.co.uk](mailto:centrerecognition@abcawards.co.uk)

Where the qualification includes online external assessments and your Centre does not currently have approval to deliver onscreen tests, please complete form ‘CR1e – Onscreen Test Delivery Application’ and submit this with your application.

To support you with your ‘Intention to Deliver’ we can also provide an Advisory Visit / Professional Discussion from a subject specialist external quality assurer. There is a charge for this service and current fees can be found on our website.

|  |  |
| --- | --- |
| **If you deliver in this sector with another Awarding Organisation please supply your latest monitoring report with this application. Please tick if report included. (✓)** |  |

|  |  |
| --- | --- |
| **I would like a Qualification Advisory Visit and understand there will be an additional charge for this. Please tick. (✓)** |  |

1.1 QUALIFICATION / COURSE DETAILS

|  |  |  |
| --- | --- | --- |
| **ORGANISATION NAME**  (this will be the organisation name as indicated on the CR1 section 1.1, if applicable) | | **UKPRN[[2]](#footnote-2)**  (if applicable) |
|  | |  |
| **FULL QUALIFICATION TITLE** | **QUALIFICATION NUMBER**  (e.g. D4502-01 available on our website) | |
|  |  | |
| **CENTRE COURSE TITLE**  (if different from the above) | **ACCREDITED UNITS TO BE INCLUDED**  (please quote Ofqual unit number e.g. K/502/1072) | |
|  |  | |
| **PROPOSED COURSE COMMENCEMENT DATE** | **NUMBER OF ANTICIPATED LEARNERS** | |
|  |  | |

1.2 DELIVERY

|  |
| --- |
| **PREVIOUS EXPERIENCE**(Please describe any previous experience relevant to this application. This could be working with another AO delivering this qualification or a similar qualification, working within this sector and/or working with this client group.) |
|  |
| **DELIVERY METHOD** (Please describe the delivery method using one or more of the following e.g. classroom, workplace, distance learning, online. If the qualification requirements necessitate a placement provider or practical assessment/observation, please provide further detail on how these requirements will be met) |
|  |
| **DELIVERY FREQUENCY** (Please describe how often you are planning to deliver this qualification e.g. monthly, quarterly, annually) |
|  |
| **QUALIFICATION REQUIREMENTS** (Please confirm that you are aware of and understand any specific requirements of the qualification/s applied for e.g. age restrictions, need for placement providers. Relevant information is contained within the Qualification Guide) |
|  |
| **SITE NAME & ADDRESS** (where the exams officer (or equivalent) is based and qualification and assessment materials will be sent) |
|  |
| **DELIVERY LOCATION ADDRESS** (where the course is to be delivered if different from the above) |
|  |
| **Why are you interested in running this course with BIIAB?** |
|  |

1.3 CONTACT DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| **Head of Curriculum name** |  | | |
| **Tel** |  | **Email** |  |
| **Qualification / Course Key Contact name** |  | | |
| **Tel** |  | **Email** |  |
| **Examination / Administration Officer name** |  | | |
| **Tel** |  | **Email** |  |
| **Assessor name** |  | | |
| **Qualifications / Experience** |  | | |
| **Tel** |  | **Email** |  |
| **Internal Quality Assurer name**  (must be different to Assessor) |  | | |
| **Qualifications / Experience** |  | | |
| **Tel** |  | **Email** |  |

1.4 PARTNER INFORMATION (including any overseas centres/sites)

|  |  |
| --- | --- |
| **NAME OF PARTNER** |  |
| **EMAIL** |  |
| **Please state below who is responsible for the following:**  i.e. the approved Centre or the partner | |
| **Overall duty of care for the learners / Quality Assurance** |  |
| **Enrolling learners** |  |
| **Payment of fees** |  |
| **Delivery** |  |
| **Assessment** |  |
| **Internal Quality Assurance** |  |

1.5 CENTRE AUTHORISATION

I declare that I am authorised by the centre to register this centre’s intent to deliver the qualification/units listed above. I further declare the centre will ensure all appropriate staff, physical resources / equipment and systems are in place to deliver the qualification / units named according to the standards and guidelines provided.

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

Once fully completed please email this form to: [**centrerecognition@skillsedugroup.co.uk**](mailto:centrerecognition@skillsedugroup.co.uk)

1. Available on our website [↑](#footnote-ref-1)
2. The centre’s unique UK Register of Learning Providers number [↑](#footnote-ref-2)