**CR2 Qualification Approval**

**Application Form**

Centre Name: ………………………………………………………………………………………………

**Guidance on completing Qualification Approval Application Form**

**Overview**

This form is designed to be used by a Centre, either when the Centre initially applies for Centre Recognition, in which case it is used in conjunction with the Centre Recognition Application Form, or on its own, when an existing Centre applies for additional qualification approval.

Where an existing Centre applies for additional qualification approval and the Centre has no outstanding External Quality Assurance actions or sanctions, then the qualification approval may be completed as a desktop approval and a Centre visit will not normally be required.

**If you need any support completing the form, please contact BIIAB for support & guidance.**

**Section 1 - Centre Details**

It is important that all areas on this page are completed fully and accurately. Most of the section is self-explanatory, however when completing the question “Legal Entity”, please identify, based, on the following options: - Institute of FE, Institute of FE, Private Company, Charity, Prison or Local Authority. For existing centres, it is also important to put a “Yes”, or “No” in answer to the question “Please confirm whether your Centre still meets all the requirements of the BIIAB Centre Recognition Criteria as checked at your initial Centre Recognition Application”.

**Section 2 – Qualification Details**

The form allows for the Centre to enter up to five qualifications. If you are wishing to apply for more, please just copy and paste more pages. It is important to ensure that you add sufficient staff.

For each qualification, this will always need to include details of a minimum of one Internal Quality Assurer and one Assessor, both suitably qualified and appropriately occupationally competent. If you are initially requiring more staff approved than the form allows, please just add more rows.

**Section 3 - Staffing**

This section covers the general staffing arrangements that you are required to have in place. Please complete the column marked “Centre Use”, confirming these are in place.

**Section 4 – Qualifications**

This section covers requirements specific to offering a qualification and procedures you are required to have in place. Please complete the column marked “Centre Use”, confirming these are in place.

**Section 5 – Testing**

This section covers the general testing arrangements that you are required to have in place if the qualification applied for is a tested programme. Please complete the column marked “Centre Use”, confirming these are in place. If the qualification is not examined, then this section can be left blank.

**Section 6 - Centre Agreement**

This is the Centre Agreement, which needs to be signed by the Head of Centre or another Accountable person. Please ensure that you agree to the agreement prior to signing.

**Submitting your Qualification Approval Application**

Please email or send your completed Qualification Approval Application Form together with your Centre Recognition Application Form (if applicable) with accompanying CVs and Copy certificates to:

Email: CustomerSupport@BIIAB.co.uk

Address: BIIAB Qualifications Limited

Ferneberga House

Alexandra Road

Farnborough

Hampshire

GU14 6DQ

**Section 1 – Centre Details**

|  |  |
| --- | --- |
| Centre No:  |  |
| Centre Name: |  |
| Trading Name(If applicable) |  |
|  Centre Address: |  |
| Legal Entity: |  |
| Telephone Number: |  |
| Website Address: |  |
| Email: |  |
| UKPRN: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Role | Name | EmailAddress | Telephone Number |
| Head Of Centre: |  |  |  |
| Accountable Person: |  |  |  |
| Centre Contact: |  |  |  |
| Examinations / Results Contact: |  |  |  |
| Finance Contact: |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Yes / No | Details / Grade /Sanction(As Applicable) |
| Are you Approved with any other Awarding Organisations? |  |  |
| Have you ever been refused approval? |  |  |
| Have you been inspected by Ofsted? |  |  |
| Please confirm whether your Centre still meets all the requirements of the BIIAB Centre Recognition Criteria as checked at your initial Centre Recognition. |  |  |

**Section 2 – Qualification Details**

|  |
| --- |
| **Qualification 1** |
| Qualification Name: |  |
| Qualification Type: |  |
| BIIAB Ref: |  |
| DC status currently held with another AO? |  | Projected number of learners? |  |
| Do you have a proposed marketing and communication programme to attract learners? (Please attach) |  |
| Do you have links with employers who would use the qualifications that you are applying to deliver? (Please state employers) |  |
| **Assessment & Quality Assurance Team** |
| Name | Role |
|  |  |
| Relevant Qualifications Held? |  | CV Attached? |  | Copy Certificates Attached? |  |
| Name | Role |
|  |  |
| Relevant Qualifications Held? |  | CV Attached? |  | Copy Certificates Attached? |  |
| Name | Role |
|  |  |
| Relevant Qualifications Held? |  | CV Attached? |  | Copy Certificates Attached? |  |
| Name | Role |
|  |  |
| Relevant Qualifications Held? |  | CV Attached? |  | Copy Certificates Attached? |  |
| **Qualification 2** |
| Qualification Name: |  |
| Qualification Type: |  |
| BIIAB Ref: |  |
| DC status currently held with another AO? |  | Projected number of learners? |  |
| Do you have a proposed marketing and communication programme to attract learners? (Please attach) |  |
| Do you have links with employers who would use the qualifications that you are applying to deliver? (Please state employers) |  |
| **Assessment & Quality Assurance Team** |
| Name | Role |
|  |  |
| Relevant Qualifications Held? |  | CV Attached? |  | Copy Certificates Attached? |  |
| Name | Role |
|  |  |
| Relevant Qualifications Held? |  | CV Attached? |  | Copy Certificates Attached? |  |
| Name | Role |
|  |  |
| Relevant Qualifications Held? |  | CV Attached? |  | Copy Certificates Attached? |  |
| Name | Role |
|  |  |
| Relevant Qualifications Held? |  | CV Attached? |  | Copy Certificates Attached? |  |

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| **Qualification 3** |
| Qualification Name: |  |
| Qualification Type: |  |
| BIIAB Ref: |  |
| DC status currently held with another AO? |  | Projected number of learners? |  |
| Do you have a proposed marketing and communication programme to attract learners? (Please attach) |  |
| Do you have links with employers who would use the qualifications that you are applying to deliver? (Please state employers) |  |
| **Assessment & Quality Assurance Team** |
| Name | Role |
|  |  |
| Relevant Qualifications Held? |  | CV Attached? |  | Copy Certificates Attached? |  |
| Name | Role |
|  |  |
| Relevant Qualifications Held? |  | CV Attached? |  | Copy Certificates Attached? |  |
| Name | Role |
|  |  |
| Relevant Qualifications Held? |  | CV Attached? |  | Copy Certificates Attached? |  |
| Name | Role |
|  |  |
| Relevant Qualifications Held? |  | CV Attached? |  | Copy Certificates Attached? |  |

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| **Qualification 4** |
| Qualification Name: |  |
| Qualification Type: |  |
| BIIAB Ref: |  |
| DC status currently held with another AO? |  | Projected number of learners? |  |
| Do you have a proposed marketing and communication programme to attract learners? (Please attach) |  |
| Do you have links with employers who would use the qualifications that you are applying to deliver? (Please state employers) |  |
| **Assessment & Quality Assurance Team** |
| Name | Role |
|  |  |
| Relevant Qualifications Held? |  | CV Attached? |  | Copy Certificates Attached? |  |
| Name | Role |
|  |  |
| Relevant Qualifications Held? |  | CV Attached? |  | Copy Certificates Attached? |  |
| Name | Role |
|  |  |
| Relevant Qualifications Held? |  | CV Attached? |  | Copy Certificates Attached? |  |
| Name | Role |
|  |  |
| Relevant Qualifications Held? |  | CV Attached? |  | Copy Certificates Attached? |  |

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| **Qualification 5** |
| Qualification Name: |  |
| Qualification Type: |  |
| BIIAB Ref: |  |
| DC status currently held with another AO? |  | Projected number of learners? |  |
| Do you have a proposed marketing and communication programme to attract learners? (Please attach) |  |
| Do you have links with employers who would use the qualifications that you are applying to deliver? (Please state employers) |  |
| **Assessment & Quality Assurance Team** |
| Name | Role |
|  |  |
| Relevant Qualifications Held? |  | CV Attached? |  | Copy Certificates Attached? |  |
| Name | Role |
|  |  |
| Relevant Qualifications Held? |  | CV Attached? |  | Copy Certificates Attached? |  |
| Name | Role |
|  |  |
| Relevant Qualifications Held? |  | CV Attached? |  | Copy Certificates Attached? |  |
| Name | Role |
|  |  |
| Relevant Qualifications Held? |  | CV Attached? |  | Copy Certificates Attached? |  |

**Section 3 - Staffing**

|  |  |  |  |
| --- | --- | --- | --- |
| **Ref** | **Criteria** | **Centre Use** | **BIIAB****Use** |
| **S1** | The Centre has sufficient managerial and other resources to effectively deliver the qualifications applied for as required by BIIAB. |  |  |
| **S2** | There are sufficient competent and qualified assessment, invigilator and quality assurance personnel, as required, to meet the demand of learners. |  |  |
| **S3** | Ensure that members of staff are appropriately trained to carry out their roles, maintain current competence and keep up to date with their Continuing Professional Development (CPD). |  |  |
| **S4** | There are effective communication systems in place to keep staff (including third party and sub-contracted) up to date with internal and BIIAB policies and procedures. |  |  |
| **S5** | Ensure staff are familiar with and understand the relevant qualification specification and / or standard, as provided by BIIAB. |  |  |
| **S6** | Resource needs for specific qualifications are accurately identified and made available. |  |  |

**Section 4 – Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **Ref** | **Criteria** | **Centre Use** | **BIIAB****Use** |
| **Q1** | The centre ensures that all qualified assessment, invigilator and quality assurance personnel are aware of the BIIAB policy on reasonable adjustments, special consideration and access to BIIAB qualifications and the procedure to apply for a reasonable adjustment or special consideration for a learner. |  |  |
| **Q2** | The centre has a policy in place to support learners in the event of approval being withdrawn for one or more qualifications (whether voluntary or enforced) which may include finding an alternative centre to allow the learners to complete their qualification(s).  |  |  |
| **Q3** | The Quality team will ensure that the relevant assessment strategies for individual qualifications are adhered to. |  |  |

**Section 5 – Testing (If Applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Ref** | **Criteria** | **Centre Use** | **BIIAB****Use** |
| **T1** | The Centre must have an Examinations Policy and Procedure, which meets the regulatory requirements & also those of BIIAB.  |  |  |
| **T2** | The Centre must ensure that the responsibilities of the examination and quality assurance team are documented and clearly understood. |  |  |
| **T3** | The Centre will ensure that there is independent invigilation in place for all “high risk” and “licence to practice” examinations. |  |  |
| **T4** | Equipment and accommodation used for the purpose of assessment and examinations comply with the requirements of local Health & Safety regulations (and any other relevant legislation) and are sufficient to accommodate the proposed number of learners to be examined in any single session. |  |  |
| **T5** | The Centre has appointed an Examinations Coordinator who will be responsible for the administration and conduct of examinations including appointing invigilators, oral examiners as required. |  |  |
| **T6** | The Centre has access to an IT technician during the examination period (IT qualifications and online assessments only). |  |  |

**Section 6 - Centre Agreement**

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| --- | --- | --- | --- |
| **Ref** | **Declaration** | **Centre Use** | **BIIAB****Use** |
| **CA1** | I confirm that the Centre satisfies all BIIAB requirements in respect of this application and that the details are, to the best of my knowledge, correct. |  |  |
| **CA2** | I confirm that as the Head of Centre I will ensure the Centre abides by the requirements of the regulators and any training, assessment and examination regulations as defined by BIIAB. |  |  |
| **CA3** | Iconfirm that all staff members involved in the delivery and assessment of the programmes are occupationally competent. |  |  |
| **CA4** | I confirm that all relevant documentation relating this document (including Internal Quality Assurance Policy, Assessment Policy, Equal Opportunities Policy, Health & Safety Policy and Centre’s Complaints and Appeals Procedure) will be available for inspection at a Centre Recognition or other visit.  |  |  |
| **CA5** | I confirm that the Centre will undertake to use buildings for assessment purposes that provide access for all learners in accordance with relevant legislation and BIIAB’s Guide for Centres. |  |  |
| **CA6** | I accept that BIIAB will hold and process the information given and may use it for any purpose deemed relevant to the organisation including passing on information to third parties where needed (for example in processing staff approval information). It is the centre’s responsibility to ensure that all their staff is aware that their details are being processed and held by BIIAB. |  |  |
| **CA7** | I acknowledge that BIIAB may perform a credit check as part of the Centre approval process. |  |  |
| **CA8** | I understand that if the Centre does not register learners with BIIAB for a period of 12 months then approval may be removed, and the Centre will be required to re-apply. |  |  |
| **CA9** | I understand that BIIAB has the right to apply appropriate sanction(s) if any of the criteria is not met. |  |  |
| **CA10** | I confirm that the Centre will comply with all requirements as set out by BIIAB (including policies and procedures and assessment strategies as defined by BIIAB) and in doing so will continue to meet the centre approval criteria. |  |  |

**Centre Signature:** …………………………………………………………………………………….……………

**Name:** …………………………………….…………………………………………………………………….………...

**Position**: …………………………………………………………………………………………………………………

**Date:** …………………………………….………………………………………………………………………………….