

This document should be completed if you are a recognised Ascentis centre and you wish to deliver additional Ascentis qualifications.

PART A About the Centre

A1 Centre Information	
Centre Name	Company Registration No. (if applicable)
Centre Address	Telephone
	Website
Invoice Address (if different from above)	Email
	Centre Contact (for the purpose of Qualification approval)
Type of Education Provider <input type="checkbox"/> FE College <input type="checkbox"/> HE Institute <input type="checkbox"/> Sixth Form College <input type="checkbox"/> Adult Community Learning <input type="checkbox"/> Private Training Provider <input type="checkbox"/> Other - Please provide details	
State the length of time the centre has been operational/trading. <small>Click or tap here to enter text.</small> Will you be bringing overseas learners to the UK? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes is the centre on the Register of Sponsors Licensed Under the Points-Based System? <input type="checkbox"/> Yes** <input type="checkbox"/> No **If yes, is the centre accredited by any of the following? (tick any that apply) <input type="checkbox"/> ASIC <input type="checkbox"/> BAC <input type="checkbox"/> BC	

A2 Partnership Organisation(s), additional Satellite Sites	
Does the centre intend to work in partnership with any other organisation(s) for the delivery of Ascentis Ofqual/QW/CCEA regulated qualifications? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, I confirm there is a Partnership agreement in place. <input type="checkbox"/> Yes <input type="checkbox"/> No	
A2.1 Details of Partnership Organisation(s) (Ofqual/QW/CCEA regulated & non regulated provision only)	
Name of Partnership Organisation	
Address	
Contact Name	Telephone
Job Title	Email
Role and responsibilities of Partner	

A2.1 Details of Satellite Site(s)	
Will the provision be delivered over multiple satellite sites? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, please provide details below	
Name of Satellite Site(s)	
Address	
Contact Name	Telephone
Email	
Role and responsibilities of Satellite Site(s)	

PART B Qualification(s) Approval

B1 Please list the Ascentis qualifications you are applying to deliver as part of the qualification approval process.

B1.1 Qualification Title	Ofqual/QW/ CCEA Code	Level	Proposed Start date	Anticipated Learner Numbers

B1.2 Explain how this/these qualification(s) fit into your existing curriculum

B1.3 Outline how the qualification(s) will be delivered and assessed

B1.4 Data Management and Analysis

Ascentis will collect and hold data on learners in strict confidence. The data will be used for purposes connected with learners' studies and for the generation of statistics. The data will not be disclosed to any third parties except where there is a statutory requirement to do so for example the DfES. Under the current Data Protection legislation the centre must ensure that learners are aware of how their personal data will be processed. As this includes sensitive personal data the learner must give their consent to this. The centre confirms it is in compliance with this requirement.

Yes
 No

B1.5 Facilities and Resources

Describe the centres equipment and facilities including practical and IT workshops available to support delivery of the qualification(s) in this application.

PART C Staffing Details

C1 List all members of staff involved in the delivery, assessment and quality assurance for each qualification applied for. The centre will make available, upon request from the EQA at a centre QA visit, CV's and Qualification Certificates of staff involved in the delivery, assessment and Internal quality assurance at the centre.

Qualification Title	Staff Name	Staff Role: Tutor/Assessor/Internal Verifier (Please indicate the staff member's role for the proposed provision)	Relevant Qualification(s)	Relevant Experience

PART D Declaration

D1 Declaration

The Centre declares and confirms that the contents of this Qualification Approval form are accurate and complete.

This section is to be completed and signed by the Centre Coordinator.

I declare that I am authorised to sign on behalf of the Centre.

Centre Name *(please print in full)*

Management Role/Official Position

Name *(please print in full)*

Signature

Date

Please retain one copy for your records.

On completion please email this form to operations@ascentis.co.uk or post to:

Ascentis, Office 4, Lancaster Business Park, 8 Mannin Way, Caton Road, Lancaster, LA1 3SW

Internal Office Use Only - Outcome of Qualification Approval Review

Operations Team

Date form received in office	Quartz Centre ID	Date passed to QAM
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Quality Assurance Team

To be completed by the Ascentis QAM (Qualification Reviewer)	
Name of Centre	Name of Centre
Reviewer Name	
Is a visit required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
QAM Recommendation	
<input type="checkbox"/> Approved	Deferred <input type="checkbox"/>
QAM Comments	
EQA visit conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of EQA Allocated	
If deferred please provide details	
Additional comments	
Name of QAM Reviewer (<i>Please print</i>)	
Signature	Date

Operations Team

<input type="checkbox"/> Centre qualification(s) approval application and status updated on Quartz	
<input type="checkbox"/> Resource(s) attached to centre on Quartz – if relevant	
<input type="checkbox"/> Qualification(s) approval letter sent to approved Centre	
<input type="checkbox"/> Customer Support representative identified to centre	
<input type="checkbox"/> Key Account Manager informed via email – if relevant	
<input type="checkbox"/> Head of Sales & Marketing informed via email Lindsay.Price@ascentis.co.uk	
CSA Name	Date