**Stepping Stones to Functional Skills (Entry Level 1 to Level 1)**

**Fast Track Application Form**

***(For use by centres currently approved for English and/or Mathematics Skills only)***

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| **A. Centre Details** |
| Centre Name: Click or tap here to enter text. |
| Centre Address: Click or tap here to enter text. |
| Head of Centre / Quality Nominee: Click or tap here to enter text. |
| Centre Contact (for the purpose of this Application Form): Click or tap here to enter text. |
| Centre Contact Email: Click or tap here to enter text. |

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| **B. Qualifications** |
| As standard, we will mirror the Ascentis English and Mathematics Skills qualifications your centre is currently approved to run as closely as possible. If you would like to deviate from this, please provide details below. |
| Click or tap here to enter text. |

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| **C. Staffing** |
| Will there be any members of staff involved in the delivery, assessment or quality assurance of these qualifications who are not currently registered with Ascentis?  | Yes [ ]  No [ ]  |
| **If yes, please provide the details of these staff below.**   |
| **Qualification Title**  | **Staff Name**  | **Staff Role:** **(Tutor/ Assessor/ Internal Verifier)**  | **Relevant Qualification(s)**  | **Relevant Experience**  |
| …… | …… | …… | …… | …… |
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| **D. Security of externally set assessment material** |
| Please confirm your centre’s current security policies & procedures (to prevent unauthorised access to external assessment materials) remain compliant with Ascentis requirements. Yes [ ]  No [ ]  (Please provide details below) |
| Click or tap here to enter text. |

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| **E. Declaration** |
| The Centre declares and confirms that the contents of this form are accurate and complete. |
| **Name**  |  Click or tap here to enter text. |
| **Job Title**  |  Click or tap here to enter text. |
| **Signature**  |   |
| **Date** |  Click or tap to enter a date. |

**On completion, please email this form to** **hello@ascentis.co.uk**

***Note: Once approved a confirmation letter will be sent with details of how to register your learners.***

**Internal Office Use Only**

**Operations Team**

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| Date form received in office:…… | Quartz Centre ID:…… | Date passed to QAM:…… |

**Quality Assurance Team**

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| **To be completed by the Ascentis QAM (Qualification Reviewer)** |
| **Name of Centre** | …… |
| **Reviewer Name** | …… |
| **Is a Visit Required** | **Yes** [ ]  **No** [ ]  |
| **QAM Recommendation** |
| **Approval decision**  | **Deferred** [ ]  **Approved** [ ]  |
| **If deferred, please provide details** | …… |
| **QAM Comments** |
| **EQA Visit Conducted?**  | **Yes** [ ]  **No** [ ]  |
| **Name of EQA Allocated** | …… |
| **Additional comments** | …… |
| **SS Qualifications to be added (based on current approvals)** | [ ]  **English E1** [ ]  **English E2**[ ]  **English E3**[ ]  **English Level 1**[ ]  **Single units of English**  | [ ]  **Maths E1**[ ]  **Maths E2**[ ]  **Maths E3**[ ]  **Maths Level 1**[ ]  **Single units of maths**  |
| **Name of QAM Reviewer** | …… |
| **Signature** | **Date** |
|  | …… |

**Operations Team**

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| **Application Form added to Quartz** [ ] **Confirmation email sent to Centre** [ ] **Qualifications added to Quartz** [ ]  |
| **CSA Name**…… | **Date**…… |