**ProQual New Centre Application Form**

**Complete all sections of the form and send it to centralsupport@proqualab.com.**

# Your Organisation

|  |  |
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| **Name of Organisation:** |  |
| **Address of Organisation:** |  |
| **Postcode:** |  |
| **Telephone:** |  |
| **UKPRN:** |  |
| **Name and email address of Head of Centre:** |  |
| **Name and email address of Centre Coordinator:** |  |
| **Name and email address of person designated to receive electronic invoices:** |  |
| **Indicate type of centre:** |  | School |  | FE College |
|  | Sixth Form College |  | Adult Education Centre |
|  | University |  | Private Training Provider |
|  | Local Government / Central Government / NHS |  | Voluntary Organisation |
|  | Employer |  | HM Prison / Youth Offenders Institution |
|  | Armed Forces |  | Overseas Centre |
|  | Other |  |  |

If your organisation is part of a consortium or partnership provide details of the

consortium, partners and form of relationship (attach separate sheets as necessary).

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**Satellite Sites**

If you would like to use satellite sites, you must submit a separate **Satellite Site Approval Form** and have them approved by ProQual first. Contract centralsupport@proqualab.com to obtain the relevant form.

# Qualifications

List the full title of each qualification for which approval is being sought.

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| --- | --- | --- | --- |
| **Qualification number**  | **Full qualification title** | **Proposed date of first registrations** | **Estimated number of candidates per year** |
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If your organisation is already an approved assessment centre for regulated qualifications, please indicate which awarding organisation it is approved by and which qualifications it is approved to offer.

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| **Awarding Organisation** | **Full Qualification Title** | **Approval Date** |
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Has approval as a centre been withdrawn, suspended, refused by an awarding organisation? If yes, indicate below (add rows if required).

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| **Date** | **Awarding Organisation** | **Details/Reasons Explained**  |
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Is the centre currently subject to any sanctions/restrictions/penalties or investigations by another awarding body? If yes, indicate below (add rows if required).

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| --- | --- | --- |
| **Date** | **Awarding Organisation** | **Details/Reasons Explained** |
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Have any of the business owners/persons with significant control or centre key personnel such as IQAs, assessors, Heads of Centre etc. ever been subject to any enforcement actions/penalties/restrictions/court proceedings/criminal offences from any regulatory, government or professional bodies or currently in the process of being investigated by them?

|  |  |  |
| --- | --- | --- |
| **Date** | **Regulator/Professional/Government Body Name** | **Details of Enforcement/Investigation/Sanctions/Restrictions/****Directions/Offences**  |
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Have any of the business owners/persons with significant control ever become insolvent or subject to corporate financial restructuring?

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| **Date** | **Regulator/Professional/Government Body Name** | **Details/Reasons Explained**  |
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*Please note that the centre has a duty to disclose to ProQual any changes to the above declaration during the application process and throughout the lifetime of the centre agreement with ProQual. Failure to do so will impact on the continuation of the approval process, or your Approved Centre status, once accepted.*

1. **Delivering ProQual Qualifications**

**3.1 Rationale**

Provide a brief rationale for seeking centre approval.

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Please provide evidence to show how your organisation will be able to meet ProQual centre approval and monitoring requirements. Refer to the guidance in the ProQual Centre Application Guide.

**3.2 Physical Resources**

Provide evidence of physical resource availability for the assessment of the proposed qualifications, include copies of any assessment resources you intend to use.

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**3.3 Staff Resources**

Details of staffing to support the assessment and internal quality assurance of the proposed qualifications.

1. **Assessors**

Please list below the assessors who will assess the qualifications you are seeking approval for. Provide **CVs** and copies of relevant **certificates** for each of the assessors listed below outlining their sector experience/occupational competence to assess the qualifications. These may be attached to the application or provided during the approval visit.

|  |  |  |
| --- | --- | --- |
| Assessor Name | **Qualifications Held** | **Occupationally Competent to Assess the Following Qualifications**  |
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*(add more rows, if required)*

If any of your assessors listed above are working towards the achievement of relevant qualifications for assessment provide details below.

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| --- | --- |
| **Name:** |  |
| **Qualification:** |  |
| **Anticipated completion date:** |  |
| **Assessor or IQA Verifier who is countersigning:** |  |

|  |  |
| --- | --- |
| **Name:** |  |
| **Qualification:** |  |
| **Anticipated completion date:** |  |
| **Assessor or IQA Verifier who is countersigning:** |  |

*(Copy and paste table, if further tables required)*

1. **IQA Verifiers**

Please list below the IQA Verifiers who will internally quality assure the qualifications you are seeking approval for.

Provide **CVs** and copies of relevant **certificates** for each of the IQA Verifiers listed below outlining their sector experience/occupational competence to internally quality assure the qualifications. These may be attached to the application or provided during the approval visit.

|  |  |  |
| --- | --- | --- |
| IQA Verifier Name | **Qualifications Held** | **Occupationally Competent to Quality Assure the Following Qualifications**  |
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*(add more rows, if required)*

If any of your IQA Verifiers listed above are working towards the achievement of relevant qualifications for internal quality assurance verifiers, provide details below.

|  |  |
| --- | --- |
| **Name:** |  |
| **Qualification:** |  |
| **Anticipated completion date:** |  |
| **Assessor or IQA Verifier who is countersigning:** |  |

|  |  |
| --- | --- |
| **Name:** |  |
| **Qualification:** |  |
| **Anticipated completion date:** |  |
| **Assessor or IQA Verifier who is countersigning:** |  |

*(Copy and paste table if further tables required)*

**3.4 Candidate Support**

Provide details of:

1. your induction process
2. how you ensure that candidates have an appropriate level of English language to achieve the qualification
3. how you confirm candidate ID

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3.5 Management of Assessment

Provide details of the following:

1. processes to support the assessment of qualifications

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(ii) administrative systems that track the progress of candidates

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(iii) arrangements that allow for recognition of prior learning (RPL)

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**3.6 Records**

Provide details of your recording systems for candidate assessment and achievement.

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**3.7 Review**

Provide details of how your systems allow for effective monitoring, evaluation and review.

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**3.8 Recent External Quality Assurance Verifier Report**

If your organisation is already a centre with another awarding organisation for the same sector and same type of qualifications, please enclose a copy of the most recent external quality assurance verifier reports for the qualification(s) you now wish to deliver through ProQual**.**

**Declaration**

I confirm that I am the named point of accountability for the quality assurance, management and compliance with regulatory requirements for the qualification(s) for which we are requesting approval.

I confirm that this organisation:

* has the necessary staff, resources and systems to support the assessment of qualifications;
* has systems in place to ensure consistency of:
	+ the standards and the security of assessments and assessment records
	+ the tracking of candidate progress and transmission of assessment outcomes
* has arrangements that allow for recognition of prior learning (RPL)
* has policies and practice that support equality of opportunity;
* has quality assurance and management processes that apply across all satellite sites;
* has procedures in place to enable registration and certification details to be entered onto the ProQual Platinum System (PPS);
* has documentation of the respective roles and responsibilities of any partnership arrangement;
* has procedures in place to obtain a unique learner number (ULN) and access candidate records on behalf of candidates;
* will provide ProQual and/or the regulatory authorities with access to premises people and records.

In submitting this application I undertake:

i) that the information provided is to the best of my knowledge accurate

ii) to note the schedule of awarding and related fees published by ProQual with this application form (and periodically updated) and to remit fees against invoices issued in respect of awarding and related services provided by ProQual

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| --- | --- |
| **Name** |  |
| **Position** |  |

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send the completed form to centralsupport@proqualab.com**

**Further Information**

For further information about ProQual please contact us at:

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UK

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Company Registration Number: 0746444