Application to Approve a Satellite Site

To apply for satellite site approval please complete the form below and return it to Central Support at [centralsupport@proqualab.co.uk](mailto:centralsupport@proqualab.com)

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| ProQual approved centre name |  |
| **Address(es) of all satellite sites at which ProQual qualifications will be delivered/assessed** |  |
| **Please indicate any changes to your approved delivery model** |  |

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| Please detail plans for monitoring the quality and consistency of assessment of ProQual qualifications including how you propose to authenticate candidate work, particularly in relation to any candidates completing assessment at a distance from ProQual approved centre. |
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| Please confirm and explain how the satellite site/s meet the requirements of your internal Health & Safety policy. |
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| Please explain how you will ensure the security of candidates work or any other related assessment materials at the proposed satellite site/s. |
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| Please explain how you have applied your policies and procedures to the proposed satellite site/s affiliated with you. |
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| Please explain what due diligence checks you have carried out to ensure the proposed satellite site’s/s suitability for delivery, assessment and award of ProQual products. |
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| Candidates registered with the Satellite Site must be clearly informed about the relationship between the Main Approved Centre and the Satellite Site. This includes an explanation of how the Satellite Site operates under the oversight of the Main Centre. Additionally, candidates must be provided with the contact details for the Main Approved Centre to ensure they know whom to contact for any queries or concerns if they cannot be resolved by the Satellite Site.  Please explain how you will meet this requirement. |
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**Declaration**

I understand that if the operation of the satellite site/s is/are agreed upon by ProQual, the ProQual approved centre will remain accountable and responsible for the quality, delivery, assessment, internal quality assurance and administration at the satellite site/s. I also confirm and accept that all EQA visits will primarily be conducted at ProQual approved centre, however, ProQual reserves the right to visit a satellite site/s and this visit can be unannounced if, deemed appropriate by the AO.

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| Head of Centre Name |  | | |
| **Head of Centre Signature** |  | **Date** |  |

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| For ProQual Purposes Only | |
| Operations Team Member Name |  |
| Date |  |
| Risk Due Diligence Checks |  |
| Risk Officer Review |  |
| Approved / Not Approved |  |
| Rationale |  |
| Date |  |

**Further Information**

For further information about ProQual please contact us at:

Address: ProQual AB Limited  
ProQual House  
Unit 1  
Innovation Drive  
Newport  
HU15 2GX

Telephone: +44 (0)1430 423822

Email: [enquiries@proqualab.com](mailto:enquiries@proqualab.com)

Web: [www.proqualab.com](http://www.proqualab.com)

Company Registration Number: 0746444