

QUALIFICATIONS NETWORK
CENTRE APPROVAL
APPLICATION FORM



QUALIFICATIONS
N E T W O R K

Table of Contents and Checklist

Please find the table of contents and checklist for your application to become an approved centre with QNUK. Please ensure that all sections of the application are completed before sending back to the awarding body.

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 QUALIFICATIONS
 NETWORK

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CENTRE APPROVAL

APPLICATION FORM

Please complete this form and provide the required supporting information if you wish to become an approved QNUK centre and run QNUK qualifications. Please use black ink and BLOCK CAPITALS.

Part A: Centre Details

Centre Name	
Centre Address	
Address	
Town	
County	
Post Code	
Email Address	
Website	
Telephone number	
Fax number	

Invoice address (if different from above)	
Address	
Town	
County	
Post Code	
Email Address	
Website	
Telephone Number	
Fax Number	

Centre Name – Satellite Centre	
If the programme(s) you are applying for is/are to be delivered in satellite centres, please provide details below. If more than one centre, please fill in the details on a separate sheet.	
Centre Address	
Address	
Town	
County	
Post Code	
Email address	
Website	
Telephone number	
Fax Number	

Centre Contacts please provide details of the following individuals within your organisation	
Head of Centre	
Name	
Email Address	
Telephone Number	
Fax Number	
Preferred Mode of Contact	
Examinations Officer	
Name	
Email Address	
Telephone Number	
Fax Number	
Preferred Mode of Contact	
Centre Co-ordinator	
Name	
Email Address	
Telephone Number	
Fax Number	
Preferred Mode of Contact	
Quality Assurance Officer	
Name	
Email Address	
Telephone Number	
Fax Number	
Preferred Mode of Contact	
Finance Administrator	
Name	
Email Address	
Telephone Number	
Fax Number	
Preferred Mode of Contact	

Part B: Type of Centre

Please tick the relevant box

College or F.E College		School	
Independent School / College		Special Needs School / College	
Hospital / Health Service		Youth Organisation	
Prison Service		H.E. Institution	
Community based provider		Council Institution	
MOD Centre		Adult / Community Provider	
Training Provider		Voluntary organisation /Charity	
Other (please Specify)			

Please provide details of the management structure for your centre, detailing the key designated staff and their roles and responsibilities. Please continue on a separate sheet if necessary.

Part C: Qualifications to be offered through QNUK

Qualification Number	Qualification Award / Title	Level
Proposed Start Date	Approx no. candidates (this year)	

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Proposed Start Date	Approx no. candidates (this year)	

Part D: Awarding Body and other quality assurance details

Please indicate if your centre has ever been refused or had centre recognition withdrawn by another awarding body. (delete as appropriate)	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please complete the following details:	
Reason for withdrawal/refusal	
Date of withdrawal / Refusal (dd/mm/yyyy)	
Name of Awarding Body Involved	

Please indicate, by ticking the appropriate boxes, if the centre is involved with any quality assurance programme, or subject to any inspection programme, in terms of its management systems (i.e. not qualification-specific)			
Investors in People – date and result of last visit		International Organisation for Standardisation – date and result of last visit	
Adult Learning Inspectorate – date and grade of last visit		Office for Standards in Education - date and grade of last visit	
Welsh Inspectorate – date and grade of last visit		Northern Irish Inspectorate – date and grade of last visit	
Quality Assurance Agency		Scottish Qualifications Authority	
Learning and Skills Council			
Other (please specify)			

Has any member of staff attended a Franklin Covey Seven habits facilitation inset day?	Yes	No	If yes, please provide staff name and date of course attended: Name: Date:
	<input type="checkbox"/>	<input type="checkbox"/>	

Part E: Policy statement

Please confirm, by ticking the boxes below, that you will provide the following documents with this application.

Health and Safety Policy	<input type="checkbox"/>
Access to Fair Assessment Statement	<input type="checkbox"/>
Employer and Public Liability Insurance Certificate	<input type="checkbox"/>
Quality Assurance Policy for the delivery of qualifications	<input type="checkbox"/>
Complaints Procedure	<input type="checkbox"/>
Appeals Procedure for candidates	<input type="checkbox"/>
Equal Opportunities Policy	<input type="checkbox"/>

Please sign below to confirm that the following documents are enclosed in this application and that they will be made available to candidates and staff. These documents can be viewed, upon request, by an awarding body's representative during any post approval monitoring activity or during the approval process. Please note that your application will not be considered unless the centre has confirmed this agreement.

Signed: _____

Position in Centre: _____

Date Signed: _____

Part F: Compliance with legislation

Please sign below to confirm the following:

Your centre agrees to comply with the latest legislation concerning centres and the provision of accredited qualifications and units.

Signed: _____

Position in Centre: _____

Date Signed: _____

Part G: Centre Resources

Please sign below to confirm the following:

The centre will provide the resources and systems necessary to support the qualifications it seeks to offer. The centre will also undertake to use buildings for assessment purposes that provide access for all candidates, in accordance with relevant legislation.

Signed: _____

Position in Centre: _____

Date Signed: _____

Part H: Centre agreement

Please sign below to confirm the following:

On behalf of my centre, we confirm that the centre will keep accurate records in relation to all the qualifications provided. We declare that the information provided in this application is accurate and that all of the details given are correct at the time of application.

We commit to complying with all the relevant regulatory codes of practice and criteria and abide by the requirements of the awarding bodies that recognise this centre to offer qualifications. We agree to inform the relevant recognising awarding bodies immediately should any changes occur that effect the information given in this application.

We confirm that all policies referred to in the application will apply to any satellite sites¹ affiliated with the centre.

We accept that if this application is accepted by the awarding body that is QNUK, it will form part of an agreement between the centre and the recognizing awarding bodies. We agree to provide the recognising awarding bodies and the regulatory authorities with direct access to our premises, people and records as and when required, and to co-operate with the awarding bodies' monitoring activities. As a result we accept that if our centre defaults on the commitments made in this application it may lead to the removal of our recognition process.

Signature of Head of Centre
Printed name of head of Centre
Date

¹ Satellite sites will include remote assessment sites, delivery points.