

QUALIFICATION APPROVAL

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| **Centre Detail** | |
| Centre Name |  |
| Centre Number (if existing PAA\VQ-SET Centre) |  |

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| **Qualification Specific Detail** |
| **Qualification Details**  Please provide details of the qualification(s) for which you are seeking approval: |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Qualification Title | Level | Type of Qualification | Qualification/ Reference  number | Proposed learner intake | | | Year 1 | Year 2 | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |

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| Have you previously delivered any qualifications in this sector/subject area? Yes / No  If you have answered ‘Yes’ please provide details. |
| |  |  |  |  | | --- | --- | --- | --- | | Qualification Title | Awarding Organisation | Details | Date | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |

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| Have you previously applied to offer these qualifications but had the approval refused, or given and then removed? Yes / No.  If you have answered ‘Yes’ please provide details. |
| |  |  |  |  | | --- | --- | --- | --- | | Qualification Title | Awarding Organisation | Details | Date | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |

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| **Assessment Team** |
| Please provide details of all the key personnel involved in the delivery and quality assurance of the qualification, including their qualifications, experience and occupational competence. |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Individuals Name | The Qualification the individual is involved with | Individuals Role | Occupational Competence | Qualifications | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |

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| **Partnership Arrangements** |
| Please provide details of any partnership, consortium, sub-contracting or franchise arrangements linked to the above qualification outlining the roles and responsibilities of each organisation. |
| |  |  | | --- | --- | | Name of partner / sub contractor etc | Role and responsibility of partner | |  |  | |  |  | |

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| Please provide details of any satellite sites. |
| |  |  | | --- | --- | | Name of Satellite Sites | Title of qualification | |  |  | |  |  | |  |  | |

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| **Centre Agreement and Declaration** | |
| Please read the following declaration and sign below to confirm the agreement of your Centre. This declaration must be signed by an authorised signatory in his/her own name for and on behalf of the centre.  I declare that the centre: | |
| 🞏 | will undertake to provide staff with appropriate inductions and professional development (including a development plan) to ensure staff can maintain their expertise and competence for the above-named qualification(s). |
| 🞏 | will undertake to supply staff CVs and other evidence (for example certificates) to PAA\VQ-SET External Verifiers. |
| 🞏 | will understand that any misleading information provided above, and/or failure to supply CVs and/or other evidence upon request, may prevent approval being granted and possibly impact on other related qualification approval or recognition status. |
| 🞏 | will appoint appropriate staff and put in place relevant systems in accordance with the requirements of the qualification(s). |
| 🞏 | will comply and adhere with PAA\VQ-SET’s requirements for the qualification(s). |
| 🞏 | will provide the necessary resources in accordance with any requirements outlined in the PAA\VQ-SET qualification specification. |

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| **Qualification Declaration - Centre Responsibilities**  I declare that the centre: | |
| 🞏 | will ensure that staff involved with a qualification will fully understand the relevant specification provided by PAA\VQ-SET and will comply with its provisions. |
| 🞏 | has arrangements in place to obtain on behalf of its learners a unique learner number (ULN) and a learner record, if appropriate. |
| 🞏 | will keep complete and accurate records, for at least three years for all qualifications and make these available to PAA\VQ-SET and Regulatory Authorities upon request. |
| 🞏 | complies with PAA\VQ-SET’s requirements as set out in this form and its Centre Portfolio, and following sufficient notification from PAA\VQ-SET agrees to comply with any additional reasonable requirements as updated and amended from time to time. |
| 🞏 | has effective communications systems in place both internally and with PAA\VQ-SET, clients and learners, and agrees to inform PAA\VQ-SET immediately should any changes occur to the information supplied in this application. |
| 🞏 | will register/enter learners prior to any formal assessment taking place. |
| 🞏 | will recognise any restrictions regarding the minimum amount of time that learners must be registered with PAA\VQ-SET before certification, as well as the combination of units and or qualifications allowed. |

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| **Centre Declaration** |
| Please note that PAA\VQ-SET reserve the right to view all materials detailed within this application either through the application process (inclusive of a site visit) or via a post-approval monitoring activity.  I ……………………………………………………………………[***insert name of head of centre***] declare that this centre agrees to adhere to the procedures and policies of PAA\VQ-SET in respect of this application and accept that if the centre defaults on the commitments made in this application it may lead to the removal of its recognition status.  I confirm that the centre understands that if this application is accepted it will form the contract between the centre and PAA\VQ-SET.  I declare that I am authorised by the above centre to supply the information given above and, at the date of signing, the information provided is a true and accurate record to the best of my knowledge. |

Signature

Position

Date