**Centre and initial qualification application form**

Completing this application

This application form is for use by centres seeking approval to deliver Innovate Awarding (IAO) qualifications. All sections must be completed, and the declaration (Section 6) must be signed by a member of staff with authority to sign on behalf of the centre. Please note applications which are incomplete may be returned to the centre.

You will also be required to sign a Centre Contract which lays out the roles and responsibilities of a centre delivering Innovate Awarding qualifications.

You can submit this form by email or post.

**Post:** Innovate Awarding, Block F, 291 Paintworks, Arno’s Vale, Bristol, BS4 3AW

**Email:** [coordinators@innovateawarding.org](mailto:coordinators@innovateawarding.org)

Once we have received your completed form, we will arrange for one of our External Quality Advisors (EQAs) to contact you to arrange a centre approval visit, which should happen within 2 – 4 weeks. During the centre visit, the EQA will make sure you have the appropriate quality assurance practices, policies and processes in place and offer support where needed.

Centres may request an advisory visit to discuss requirements. There may be a small charge for this (see fees list on our website) but please contact us to arrange or for more details.

If your application is successful, we’ll issue you with a formal approval letter, a copy of the EQA centre approval visit report form and a Centre approval certificate.

If, for some reason, your application for approval is not successful, we’ll discuss this with you in further detail and offer guidance on any action that can be taken to support a future application.

**Centre approval visits**

For your centre approval visit, an authorised member of Innovate Awarding will meet with your nominated person who would normally be the Head of Centre or the person named as the Centre Coordinator for the qualification(s) for which approval is sought. During the visit they will be asked to provide evidence of policies and processes relating to the support of learners and delivery of the qualification(s). As part of this process the centre will be expected to provide sight of the documents, policies and processes referred to in section 6 of this form plus, assessor and Internal Quality Assurance CVs, original teaching/assessment and verification certificates and Continuous Professional Development records. If these records are not available this may delay the approval process.

The approval visit is a chance for you to meet your IAO External Quality Advisor and raise any concerns and share instances of good practice.

Following the centre approval visit we’ll notify you of the outcome via email.

If you have any queries or questions regarding this form, or the centre approval process, please contact us:

**Telephone**: 0117 314 2800

**Email:** coordinators@innovateawarding.org

**Additional qualifications**

If you are an existing Innovate Awarding centre and want to deliver additional qualifications, please complete the Additional qualification application form which can be downloaded on our QuartzWeb Portal. Alternatively ask a member of the team for a copy.

Section 1 - Centre details

|  |  |
| --- | --- |
| Centre Name |  |
| UKPRN |  |
| Address |  |
| Postcode |  |
| Telephone number |  |
| Email |  |
| Website |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of Centre? | Secondary School | Sixth Form College | FE College | Training Provider | Other (please specify) |
|  |  |  |  |  |

If you intend to deliver the qualification/award/unit(s) you’re applying for in satellite centre (e.g. a centre which is a site of your centre but operates from a different address to your main centre address) please provide details of the satellite centres below: **Please note the main centre is responsible for the quality assurance of any satellite centres.**

|  |  |
| --- | --- |
| **Satellite Centre / Site Name** |  |
| **Address** |  |
| **Contact name** |  |

|  |  |
| --- | --- |
| **Satellite Centre / Site Name** |  |
| **Address** |  |
| **Contact name** |  |

|  |  |
| --- | --- |
| **Satellite Centre / Site Name** |  |
| **Address** |  |
| **Contact name** |  |

|  |  |
| --- | --- |
| Are you approved as a centre for any other Awarding Organisations? (Please list all applicable) |  |
| Please state if you have had a previous application for approval refused or withdrawn by an awarding organisation |  |
| Please state whether you have had or if you currently have any issues of non-compliance/ malpractice/ maladministration, and the nature of these issues |  |

|  |  |
| --- | --- |
| Do you use an e-portfolio system (Y/N) |  |
| If you do, please provide the name of system |  |
| How do you deliver your training (In-person/remote/blended)? |  |

Please can you indicate the sectors that you currently deliver qualifications in below:

|  |  |
| --- | --- |
| Sector | Tick all that apply |
| 1. Health, Public Services and Care |  |
| 1. Science and Maths |  |
| 1. Agriculture, Horticulture and Animal Care |  |
| 1. Engineering and Manufacturing Technologies |  |
| 1. Construction, Planning and The Built Environment |  |
| 1. ICT |  |
| 1. Retail and Commercial Enterprise |  |
| 1. Leisure, Travel and Tourism |  |

|  |  |
| --- | --- |
| Where did you hear about us? |  |

Note, we may contact other Awarding Organisations listed to aid with approval.

Section 2 - Key contact details

|  |  |  |
| --- | --- | --- |
| Name of Head of Centre |  | |
| Actual job title |  | |
| Contact details | Tel: |  |
| Email: |  |
| Name of person who will be Centre Coordinator |  | |
| Actual job title |  | |
| Contact details | Tel: |  |
| Email: |  |
| Name of Head of Finance |  | |
| Actual job title |  | |
| Contact details | Tel: |  |
| Email: |  |
| Name of Head of Quality |  | |
| Actual job title |  | |
| Contact details | Tel: |  |
| Email: |  |
| Name of Head of Curriculum |  | |
| Actual job title |  | |
| Contact details | Tel: |  |
| Email: |  |

Note, the above may all be the same person.

Section 3 – Qualifications

Please complete the table for the qualification(s) for which you are seeking approval. (Please add extra lines if required)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Qualification number | Qualification title | Level | Estimated number of registrations | \*Are you currently running this qualification with another AO? (please name) | \*Do you have DCS for this qualification with another AO? (Y/N) |
|  |  |  |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |

|  |  |
| --- | --- |
| Estimated date of first registrations |  |

\*If you have been approved and are offering these qualifications through another awarding organisation, please submit a recent (within 12months) monitoring/QA/sampling report from that awarding organisation. This will be used to risk asses your centre.

If you are not running these qualifications are you running similar (same sector/level/type) qualifications with another AO. If so, please list here and add extra lines if you need.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Qualification number | Qualification title | Level | Type  (competence/knowledge/ both) | Name of the AO you are currently running this with | Sector QA report attached (Y/N) |
|  |  |  |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |

Section 4 – Partnership arrangements

|  |  |
| --- | --- |
| Name of the Partnership Organisation |  |
| Partnership Type (e.g. Employer, Local Authority, other provider) |  |

|  |  |
| --- | --- |
| Who will be responsible for: | Centre or Partner |
| Registration of the learners | Choose an item. |
| Delivery of learning | Choose an item. |
| Assessing the learners | Choose an item. |
| Internal Quality assurance | Choose an item. |
| Recruitment and competency checking of assessors | Choose an item. |
| Recruitment and competency checks of IQA staff | Choose an item. |

Section 5 – Centre delivery staff

Please complete the table for the qualification(s) for which you are seeking approval.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Qualifications | Staff Name | Staff Role  (Trainer, Assessor, IQA) | Relevant Subject Qualifications | Relevant Assessor, IQA, teaching Qualifications |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Section 6 – Declaration

|  |  |
| --- | --- |
| Please tick to verify that the centre has in place: | Tick |
| The necessary level of financial, technical and staffing resources and systems necessary to support the delivery of Innovate Awarding’s qualifications |  |
| Quality assurance and management processes that apply across all locations, including all satellite locations/centres. |  |
| Systems to ensure all staff involved in the delivery and assessment of Innovate Awarding qualifications are competent |  |
| Systems to ensure consistency of the standards and the security of assessments and assessment records. |  |
| Systems to ensure the tracking of learner progress and transmission of assessment outcomes |  |
| Systems to ensure the recording of accumulation and transfer of credits and exemptions |  |
| Policies and practices to support equality of opportunity |  |
| Policies and processes in place for learners to appeal against centre assessment decisions. |  |
| Policies and processes in place for learners to make a valid complaint against the centre or centre staff. |  |
| Statements showing understanding and management of Malpractice and Maladministration |  |
| Processes to ensure conflicts of interests are understood, avoided and or managed |  |
| An assessment and delivery plan appropriate to the qualification(s) and, where applicable, tutor teaching plans and/or schemes of work |  |
| An appropriate quality assurance system in place, which provides an audit trail of learner progress |  |
| Please tick to verify that the centre will: | Tick |
| Obtain on behalf of its learners a unique learner number (ULN) and a learner record if the learner requires this. |  |
| Use the record of the learner’s previous achievements in the learner record to ensure that opportunities for credit transfer and exemption are maximised, where learner consent is given |  |
| Support learners in the event of centre closure and has evidence of processes to do this |  |
| Provide Innovate Awarding and/or the regulatory authorities with access to premises (including satellite centres or external assessment sites), people and records at all times. |  |
| Cooperate with Innovate Awarding’s monitoring activities. |  |
| Ensure Innovate Awarding is made aware of any changes regarding relevant policies, procedures and contacts. |  |
| Have the resources available to deliver the qualification(s) and meet the assessment strategy and Innovate Awarding requirements |  |

If you are unable to tick any of the above, you may want to request an advisory visit.

Declaration

I confirm that I have the authority to sign this form on behalf of the centre and that all the information supplied within this centre approval application are true, accurate and that I am authorised to make this application to become an approved centre with Innovate Awarding.

|  |  |
| --- | --- |
| Name |  |
| Job Title |  |
| Date |  |
| \*Signature |  |

\*If this form is submitted electronically, a signature is not mandatory, but it must be emailed from the centre.

Once approval is granted, Innovate Awarding will send you email updates, this will include important information such as qualification withdrawals, new qualifications and contact update information.