Centre Approval Application Form

December 2020

Version 22

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# Application information

**Application Contact**

Please provide details of the person who will act as the main point of contact for this application.

|  |  |
| --- | --- |
| Name: |  |
| Job title: |  |
| E-mail: |  |
| Telephone: |  |

# Centre details

## Type of establishment

Please indicate (✓) the description that best describes your centre.

|  |  |  |
| --- | --- | --- |
|  | School | |
|  | FE College/Tertiary College | |
|  | Sixth Form College | |
|  | Adult Education Centre | |
|  | University or HE Centre | |
|  | Private Training Provider | |
|  | Local Government/Central Government/NHS | |
|  | Voluntary Organisation | |
|  | Employer | |
|  | HMP/YOI | |
|  | Armed Forces | |
|  | International Centre | |
|  | Other – please state: |  |

## Registration with other organisations

If applicable and available, please provide the following information, where registered as a training provider:

|  |  |
| --- | --- |
| * UK provider reference number (UKPRN)[[1]](#footnote-1) |  |
| * National Centre Number (NCN)[[2]](#footnote-2) |  |

Please provide the following information if registered for VAT:

|  |  |
| --- | --- |
| * VAT number[[3]](#footnote-3) |  |

## Business information

Please indicate (✓) the business type of the centre and provide the required information for that type. This will indicate who will be accountable and own the centre account, including responsibility for any learners registered and the training that they receive.

|  |  |
| --- | --- |
|  | Publicly Funded School/College |

|  |  |  |
| --- | --- | --- |
|  | Limited Company | |
|  | Company Registration Number: |  |
| Registered Company Name: |  |

|  |  |  |
| --- | --- | --- |
|  | Sole Trader/Partnership | |
|  | Please provide the following details of the business owner/nominated partner: | |
| Name: |  |
| Date of birth: |  |
| Personal telephone: |  |
| Personal address: |  |

## Centre information

### Centre name

Please provide the name that the centre will be known by. This could be the business name, the limited company name or a trading name. The centre name will be printed on any certificates issued.

|  |  |
| --- | --- |
| Centre name |  |

### Main training and assessment site address

Please provide details of where training and assessment will take place.

|  |  |
| --- | --- |
| Address line 1 |  |
| Address line 2 |  |
| Town/City |  |
| Postcode/Eircode[[4]](#footnote-4) |  |
| Country |  |

### Contact details

|  |  |
| --- | --- |
| Main telephone |  |
| General enquiry email |  |
| Website address |  |

### Appearance on the VTCT website

Once approved, your centre will be advertised on the VTCT and/or ITEC website with some or all of above details.

|  |  |
| --- | --- |
|  | Please indicate (✓)if you do **not** wish for your centre to appear on our website(s). |
| Reason: | |

### Details of additional training sites

Approval of your centre will include your main training and assessment site. To be able to assess learners at more locations (different to the address given in 3.4) you will need to complete a site approval applicationper additional site.

## Invoicing and Finance Arrangements

### Invoicing Name

Please provide the following invoicing details:

|  |  |
| --- | --- |
| Invoicing name (i.e. Company/Business Name) |  |

### Invoicing/Billing address

|  |  |
| --- | --- |
| Address Line 1 |  |
| Address Line 2 |  |
| Town/City |  |
| Postcode/Eircode |  |
| Country |  |

|  |  |
| --- | --- |
| Email address for invoices to be sent |  |

### Purchase Order Numbers

|  |  |
| --- | --- |
| Does the centre use mandatory purchase order numbers? *(If unsure select “No”)* | Yes/No |

***NB:*** *A mandatory purchase order number must be supplied by a centre (usually its finance department) to us before an invoice can be raised. Purchase order numbers are commonly used by large colleges or businesses to control, track and authorise payments. If “Yes” is selected we will be unable to progress your application or future registrations until a purchase order number is received from your centre in each instance.*

*If you select “No” you will still be able to supply purchase order numbers, but these are optional and will not slow down your application or future registrations.*

*After approval, if you wish to start or stop using mandatory purchase order numbers, please contact us to make this request.*

|  |  |
| --- | --- |
| Purchase order number for this application (if appropriate) |  |

### Invoicing Currency

Please indicate (✓)which one currency you would like to be invoiced in:

|  |  |
| --- | --- |
|  | GBP (Sterling) |
|  | EUR (Euro)[[5]](#footnote-5) |

## Certification address

Please provide an address for certificates to be sent to (this could be a same as the training address or could be a head office address):

Please note all certificates sent within the UK are dispatched using the Royal Mail “Signed For” service which requires a signatory on delivery, therefore please supply an address that is staffed during standard office hours.

|  |  |
| --- | --- |
| Addressee (e.g. Exams Department): |  |

Address for certificates to be sent to:

|  |  |
| --- | --- |
| Address Line 1: |  |
| Address Line 2: |  |
| Town/City: |  |
| Postcode/Eircode: |  |
| Country: |  |

## Key contacts

Please provide details of the people who fulfil the following roles, we will need to contact these people from time to time. (Please note that one person can fulfil more than one role)

### Head of the centre

Please provide details of the person with overall responsibility for the centre.

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Job Title: |  | |
| E-mail: |  | |
| Telephone: |  | |
| Does this person want to receive regulatory and product updates and information from us via e-mail? | | Yes/No |

### Head of quality

Please provide details of the person with overall responsibility for the quality assurance within the centre.

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Job Title: |  | |
| E-mail: |  | |
| Telephone: |  | |
| Does this person want to receive regulatory and product updates and information from us via e-mail? | | Yes/No |

### Examinations

Please provide details of the person responsible for submitting registrations and certification claims.

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Job Title: |  | |
| E-mail: |  | |
| Telephone: |  | |
| Does this person want to receive regulatory and product updates and information from us via e-mail? | | Yes/No |

### Finance

Please provide details of the person to be contacted regarding any financial queries.

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Job Title: |  | |
| E-mail: |  | |
| Telephone: |  | |
| Does this person want to receive regulatory and product updates and information from us via e-mail? | | Yes / No |

# Qualifications

## Requested qualifications to offer

Please state the qualifications, that the centre would like to offer once approved. (Product codes can found on our website)

If you wish to offer Skillsfirst Functional Skills through VTCT, you will also need to complete our Functional Skills application.

|  |  |
| --- | --- |
| Product Code | Qualification Title |
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How many learners are you predicting that you will register in your first three years?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 0 – 10 | 11 – 20 | 21 – 50 | 51 – 100 | 101 – 200 | 200 + |
| Year 1 |  |  |  |  |  |  |
| Year 2 |  |  |  |  |  |  |
| Year 3 |  |  |  |  |  |  |

## Details of previous / current approval

|  |  |
| --- | --- |
| Is the centre currently approved by another awarding organisation? | Yes/No |

If yes, please provide details for the approval that you hold:

|  |  |  |
| --- | --- | --- |
| Awarding Organisation | Approved for (qualifications/areas) | Approved since |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

If you are already approved by another organisation for equivalent qualifications to those you are applying for, please supply evidence of approval.

Please note, supporting evidence could include:

* the last EQA report(s) from the current or the previous academic year covering equivalent qualifications to those requested
* a confirmation letter that this site has been visited/inspected and given approval as a result, with a confirmation of equivalent qualifications that have been approved for delivery

List of supporting evidence:

|  |
| --- |
|  |
|  |
|  |

**Notes on transferring direct claims status**

*VTCT approved centres must meet VTCT’s direct claims status criteria to be approved for direct claims. VTCT will not accept requests from new Centres to transfer any direct claims status that they have achieved with another Awarding Organisation.*

*Direct Claims Status will be reviewed at the end of each external quality assurance visit. On completion of the visit the EQA will provide recommendation for direct claims status to be approved or not. In examples were approval for direct claims has been withdrawn the EQA will consider requests from the centre to reinstate approval for direct claims on future visits.*

**Direct Claims Status Criteria**

*To be recommended for approved Direct Claims Status for a qualification there must have been 2 consecutive low-risk visit reports within an 18 month period with no outstanding action points. A minimum of 5 registered learners must have been sampled over the 2 visits. N.B. Direct Claims Status is not available for all qualification types.*

*To maintain Direct Claims Status this visit must be rated either low or medium-risk with no outstanding actions and a minimum of 3 registered learners must have been sampled.*

*When a qualification has approved Direct Claims Status, the centre will be able to claim learner certificates without needing authorisation from their EQA. If Direct Claim status is not approved, any certificate claims made will be sent to the centre’s allocated EQA for authorisation before a certificate claim can be processed. Centres are required to retain learner portfolios as these will be included in the EQA sample during the next monitoring visit undertaken. Any exception must be agreed with the EQA prior to returning portfolios to the learner(s).*

*VTCT may withhold or withdraw approval for Direct Claims Status at our discretion as part of quality assurance risk management procedures.*

|  |  |
| --- | --- |
| Has the centre ever been refused or withdrawn by another awarding organisation? | Yes/No |

If yes, please provide details of any refusal or withdrawal and any relevant action you have taken

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Does the centre currently have any sanctions or suspensions imposed by another awarding organisation? | Yes/No |

If yes, please provide details and the action you have taken

|  |
| --- |
|  |

# Delivery staff

Please give details of key/lead staff, their role (e.g. Assessor, IQA) and areas or qualifications that they are responsible for:

The staff requirements for a qualification are given in one of the following documents:

* The qualification specification
* The assessment strategy
* Section 10 of the approval criteria (where there is no qualification specification or assessment strategy for the qualification).

Qualification specifications and assessment strategies for VTCT qualifications are available to view on our website. The approval criteria document is available to view on the [Become a Centre webpage](https://www.vtct.org.uk/become-a-centre/).

NB: Staff certificates will usually be checked during the approval visit or during your first EQA visit.

|  |  |  |
| --- | --- | --- |
| Name | Role (e.g. Assessor, IQA) | Area/Qualification(s) staff will cover |
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# Declaration

I declare that I am authorised by the centre to supply the information given in this application and, at the date of sending, the information provided is a true and accurate record to the best of my knowledge.

I confirm that the centre will meet the requirements of VTCT’s [Approval Criteria](https://www.vtct.org.uk/become-a-centre/).

I confirm that the centre has read and accepted the terms of VTCT’s [Centre Agreement](https://www.vtct.org.uk/become-a-centre/).

I confirm that for all qualifications requested there are sufficiently competent and qualified staff as required to deliver the requested qualifications.

|  |  |
| --- | --- |
| Name: |  |
| Job title: |  |
| Email: |  |
| Telephone: |  |
| Date completed: |  |

# Submission

To submit your application, please email the following documents to [approval@vtct.org.uk](mailto:approval@vtct.org.uk):

* This completed application form.
* Any relevant evidence that you have listed in section 3.2.

Document amendment history page

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Document Owner** | **Issue Date** | **Changes** | **Role** |
| 19 | Quality and Processing Manager | 01/03/2018 | New document | Quality and processing Manager |
| 20 | Head of Quality | 15/02/2019 | Formatting updated and document number added | Quality and processing Manager |
| 21 | Chief Academic Officer | 07/12/2020 | Inclusions following removal of EOI from process | QA Administrator |
| 22 | Chief Academic Officer | 09/12/2020 | Removal of duplication | QA Administrator |

Document Review

|  |  |
| --- | --- |
| **Role** | **Review Status** |
| Head of Quality | Head of Quality |
| Chief Academic Officer |  |

Document Owner

|  |  |
| --- | --- |
| **Document Owner** | **Document shared with** |
| Chief Academic Officer | Quality Leads and Quality Administrators |
|  |  |

Document Sign-off

|  |  |
| --- | --- |
| **Role** | **Sign-off Date** |
| Head of Quality | February 2019 |
| Chief Academic Officer | December 2020 |

1. *A UK provider reference number (UKPRN) (e.g. 10022592) can be obtained or checked on* [*www.ukrlp.co.uk*](http://www.ukrlp.co.uk) [↑](#footnote-ref-1)
2. *A national centre number is a 4 or 5 digit number issued to centres when approved by a JCQ awarding organisation.* [↑](#footnote-ref-2)
3. *A VAT number can be verified online at the EU’s official VIES website:*

   <http://ec.europa.eu/taxation_customs/vies/vieshome.do> [↑](#footnote-ref-3)
4. *You can use the following links to check your Postcode (UK) or Eircode (Ireland):*

   [*http://www.royalmail.com/business/find-a-postcode*](http://www.royalmail.com/business/find-a-postcode)

   [*https://finder.eircode.ie/*](https://finder.eircode.ie/) [↑](#footnote-ref-4)
5. All prices are set in Sterling and converted on 3 month fixed exchange rate (as per our accounts system) and all bank charges have to be paid by the centre, so that any payment received covers the invoice(s) in full. [↑](#footnote-ref-5)