Centre Approval Application Form – Clinical Aesthetics

November 2020

Version 1

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# Introduction

Thank you for your interest in VTCT (iTEC) approval to deliver Clinical Aesthetics qualifications.

To successfully apply to deliver these qualifications it will be necessary to prove your centre policies and procedures, health and safety protocol and general resources, are compliant with all good practice guidelines, and meet the requirements of VTCT.

This application will be invoiced in line with our current published service fees.

VTCT will then arrange for a member of our Quality ssurance team to visit the centre to ensure that the necessary arrangements are in place to offer these qualifications, to explain the standards, processes and documentation required and to meet with relevant staff, ensuring all evidence is relevant and current.

**Direct claim status is not available for these qualifications.**

# 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.

|  |  |
| --- | --- |
|  | University or HE Centre |
|  | Private Training Provider |
|  | Local Government/Central Government/NHS |
|  | Employer |
|  | Overseas Centre (Non-UK) |
|  | Other – please state: |

## Registration with other organisations

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) |  |

|  |  |
| --- | --- |
| Please confirm whether your centre is listed on the JCCP register | Yes/No |

|  |  |  |
| --- | --- | --- |
| Is your centre approved by another awarding organisation for equivalent qualifications | | Yes/No |
| If ‘yes’ please state the awarding organisation |  | |

## 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. Unless notified otherwise the centre name will be printed on any certificates issued. VTCT recognise that in exceptional circumstances centres require certificates to be issued without a centre name included. If this applies to your centre please confirm this prior to approval by emailing [approval@vtct.org.uk](mailto:approval@vtct.org.uk).

|  |  |
| --- | --- |
| 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). |

### 

### 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 application](https://www.vtct.org.uk/become-a-centre/)per 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) |  |

## 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 communications and updates 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 communications and updates 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 communications and updates 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 communications and updates 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)

|  |  |
| --- | --- |
| Product Code | Qualification Title |
|  |  |
|  |  |
|  |  |

## Centre requirements

In addition to VTCT’s approval criteria, the centre will also need to ensure that arrangements are in place as per the appropriate qualification specification before any qualifications can be given approval and offered to learners. Please complete the table below indicating whether or not your centre currently has the following in place

**It is the centre’s responsibility to ensure:**

|  |  |
| --- | --- |
|  | Yes / No |
| All Centre teaching team are required to be registered with a professional health care statutory regulatory body (Professional registration numbers will be required). Additionally they are required to possess the subject knowledge and have achieved academic qualifications of the relevant level to inform, develop and deliver high quality program content in the specific subject, at the required level. |  |
| Learners are required to prove they are registered with a professional health care statutory regulatory body (Professional registration numbers will be required), and have no conditions attached to their practice. |  |
| All medicines, medical devices and clinic consumables used in clinical skill training are required to have the appropriate CE certification and/or marketing licence for use in the UK, additionally they are required to be purchased through a reputable UK pharmacy/distributer or directly from the manufacturer |  |
| All dermal fillers used in clinical training must have CE certification/licence for a Medical Device - Class 3. |  |
| Adequate insurance is in place, as recommended by industry, at all times, to include cover for all learners, staff and clients attending VTCT courses. |  |
| A robust Health and Safety Policy is in place demonstrating a clear commitment to the health safety and welfare of clients and employees. |  |
| Appropriate risk assessments are carried out, documented and acted upon as necessary |  |
| Suitably trained first aid personnel are engaged, suitable first aid equipment and materials are available and there is a procedure in place for the recording and reporting of any first aid incidents as appropriate. |  |
| Supervision, training, information and instruction is available to all employees / practitioners as required. |  |
| Personal protective equipment and clothing provided, free of charge, to employees/practitioners as determined through risk assessment. |  |
| Appropriate fire and emergency procedures are in place. |  |
| Any compliancy licences / registrations relevant to the modalities are in place. |  |
| Robust infection control measures are in place. |  |

**N.B: VTCT cannot be held responsible for any harm or injury caused to persons as a result of the centre or learners providing treatments as part of the teaching of this provision.**

## Delivery staff

Please give details of key/lead staff, their role and areas or qualifications that they are responsible for:

The staff requirements for a qualification are given in the qualification specification.

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 exam.

|  |  |  |
| --- | --- | --- |
| Name | Role | 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.
* A copy of the centre’s Complaints Policy.

Document amendment history page

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Document Owner** | **Issue Date** | **Changes** | **Role** |
| 0.1 | Quality Lead | 26/05/2020 | Draft | Quality Administrator |
| 1.0 | Quality Lead | 18/11/2020 | Formatting | Qualifications Administrator |
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Document Review

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| **Role** | **Review Status** |
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| Head of standards |  |
|  |  |

Document Sign-off

|  |  |
| --- | --- |
| **Role** | **Sign-off Date** |
| Head of Standards | 18/11/2020 |
|  |  |

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)