Qualification Approval



Application form

This form is to be completed with reference to Our Quality Assurance Requirements, which details the Centre Approval Criteria which must be met and lists possible sources of evidence, the City & Guilds Centre Manual, and the ILM Centre Handbook. All fields are mandatory unless otherwise stated.

Section 1 Contact details

1.1	Centre name		
1.2	Centre number (if known)		
1.3	Centre contact	Title	
		First name	
		Last name	
1.4	Email address*		
1.5	Telephone number*		
1.6	Website		

Section 2 Qualification details

2.1 Please enter the title and full product code (eg 1234-01) of the qualification(s) you are seeking approval for.

Qualification title	Qualification product code	Please state the number of learner	Year 1	Year 2
		registrations you expect in:		
Please list the units of the qualification you are applying for				

Qualification title	Qualification product code	Please state the number of learner registrations you expect in:	Year 1	Year 2
Please list the units of the qualification you are applying for		oxpost III.		

^{*} Please use the most appropriate contact email address and telephone number for City & Guilds to use in the event of a query related to this application

Qualification title	Qualification product code	Please state the number of learner	Year 1	Year 2
		registrations you expect in:		
Please list the units of the qualification you are applying for				

Qualification title	Qualification product code	Please state the number of learner registrations you	Year 1	Year 2
Please list the units of the qualification you are applying for		expect in:		

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Qualification title	Qualification product code	Please state the number of learner registrations you	Year 1	Year 2
Please list the units of the qualification you are applying for		expect in:		

2.2 Please supply details of staff who will be involved in the assessing or internal quality assurance (IQA) of the qualification(s)

(Not relevant if applying for exam only qualifications)

Additional pages for this section are available. Please see the 'Additional staffing pages for Centre Update Form and Qualification Approval Form'

Please note that up-to-date CVs for all assessment and IQA staff must be made available

Please tick this box to confirm that the Centre ensures all staff involved in the assessing/internal quality assurance of the qualification(s) meet the requirements of the relevant assessment strategy(ies) and/or teaching syllabus, where appropriate.

Staff member

Title				
First name				
Last name				
Title				
Number				
Please indicate which role(s) the named person will be undertaking (eg assessor)				
Please state whether holds or is working towards TAQA, A or V units, where appropriate				
Relevant professional qualifications				
Details of CPD in this subject area within the last 12 months				
Current and/or previous positions that demonstrate occupational competence and experience in this subject area				
Please list any other relevant experience or activities that help to demonstrate occupational competence in this subject area				
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Staff member

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	First name		
	Last name		
Qualification	Title		
applied for/related to	Number		
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Staff member

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	First name			
	Last name			
Qualification	Title			
applied for/related to	Number			
Please indicate which role(s) the named person will be undertaking (eg assessor)				
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Relevant professional	qualifications			
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3. Existing approvals

Are you applying for a qualification that you are already delivering through another awarding organisation?	Yes No (If NO, please go to section 4)
Through which awarding organisation do you offer this qualification?	*Other
Please attach evidence of qualification approval (This could be letters or other communications confirming current approval status)	Evidence attached Yes No
Please attach evidence of compliance (Ideally this will be the two most recent quality assurance/verification reports to include this qualification and should be within the last two years)	Evidence attached Yes No
Do you have registration and certification status for this qualification?	
Have you ever had registration or certification status removed or suspended for this qualification?	Date, if YES (If NO, please go to section 4)
Please provide a brief explanation of why registration and/or certification status was removed/suspended and what corrective actions were taken	
	already delivering through another awarding organisation? Through which awarding organisation do you offer this qualification? Please attach evidence of qualification approval (This could be letters or other communications confirming current approval status) Please attach evidence of compliance (Ideally this will be the two most recent quality assurance/verification reports to include this qualification and should be within the last two years) Do you have registration and certification status for this qualification? Have you ever had registration or certification status removed or suspended for this qualification? Please provide a brief explanation of why registration and/or certification status was removed/suspended

4. Delivery and resource

Please tick this box to confirm that the centre has all of the relevant resources to meet the requirements of the relevant assessment strategy(ies) and/or teaching syllabus, where appropriate.

4.1	Please provide details of the physensure you are meeting the requiassessment strategy and/or centroqualification	uirements of the relevant		
4.2	Please provide details of how you qualification and, if applicable, at work/unit session plans			
4.3	Please provide details of how you qualification	ı plan to quality assure the		
4.4	Are you planning to deliver or assess this qualification in satellite centres or assessment sites other than your registered address? * If YES; please indicate the numbers and locations of sites by county/region		*Yes	No
4.5	Please provide details of how employers will be involved in either the delivery and/or assessment of the qualification(s)			
4.6	Please provide details of the evidence available to show how employers have been involved in either the delivery and/or the assessment of the qualification(s)			
4.7	Do you require information on su	pport materials and systems	? (please tick all tha	t apply)
	Smartscreen e-volve Digital Learning Textbooks Logbooks Practice tests UPK	Learning Assistant (e-por Events (networking or qua Consultancy Services ILM Events International Approval Other		nt)

5. Declaration

(If this form accompanies a new Centre approval this should be completed by the Head of Centre)

By submitting this form the signatory hereby confirms and agrees that:

- he/ she is duly authorised to sign and return this form on behalf of the centre;
- the information provided in this application is complete and accurate;
- if this application is accepted by City & Guilds, it will (together with City & Guilds policies, procedures and guidelines notified to the centre from time to time) be added as an amendment to the agreement between the centre and City & Guilds.

Please tick this box to confirm acceptance of these conditions

5.1 Centre contact (or Head of Centre if accompanying a Centre Approval Application Form - CAP)	Title		
	First name		
	Last name		
		Job title	
5.2	Date of completion		

Please submit this form electronically to your Quality & Compliance Manager (QCM) or if you are unsure who your QCM is submit to: approval@i-l-m.com

Information on fees can be found adjacent to this form, at the following address: http://www.i-l-m.com/fees

Please note fees are charged per qualification or qualification group, not per application.

Please ensure you include all attachment sheets and any other documents referred to throughout this form as required. Please retain a copy for your records.

Campaign Code (for office use only)	

6. Possible sources of evidence that can be provided to support your Application

(This list is provided as a guide and is not exhaustive)

Physical resources

Records of remote, satellite or corporate client sites

Health & Safety Policy

Public liability notice

Equipment checklists

RWE Criteria

Staff resources (including achievement of appropriate qualifications)

Organisational chart(s)

Role profiles

Communication strategy

Records of team meetings

Training needs analysis for Assessors/IQAs

Standardisation activities and records

CPD opportunities and CPD records

Training and Development plans

Staff induction pack

Appropriate number of IQAs: Assessors and Assessors: Learners

IQA/Assessor certificates, CVs and occupational competence

Staff Development Plans

Staff Handbook (Induction)

RPL/Exemptions procedure

Assessment

Relevant occupational standards

IQA sampling plan (including CAMERA)

Assessment documentation; portfolio, plans, observation records, feedback/ evaluation records

Learner tracking system

Learner induction pack

Learner development plan Learner skills scans/ Initial assessment

Schemes of work (where appropriate)

ILPs

Review records

IQA Checklist

IQA records

Centre record files

Learner files

Minutes of meetings

Quality assurance and control

Quality assurance strategy

Quality assurance processes

City & Guilds - Our Quality Assurance Requirements

City & Guilds Centre Manual

Guidance on internal verification of N/SVQs.

Equal opportunities policy and monitoring

Records of Centre Update Forms

Access to assessment

Appeals procedure