

This form is to be completed with reference to Our Quality Assurance Requirements v1.0, which details the Centre Approval Criteria which must be met and lists possible sources of evidence, the City & Guilds Supporting Customer Excellence Centre Manual, and the ILM Centre Manual. All fields are mandatory unless otherwise stated.

## 1. Centre details

1.1	Centre name	
1.2	Centre number	

## 2. Change to Centre details

2.1 Please tick the relevant boxes to indicate what changes have been made and provide details at 2.2.

	Centre name*	<input type="checkbox"/>	Change of centre contact or centre contact details
	Centre address*	<input type="checkbox"/>	Qualification administration staff (eg examinations/admin office contacts)
	Centre telephone number	<input type="checkbox"/>	Change to satellite centre or assessment site contact details†
	Centre email address	<input type="checkbox"/>	New or change to existing partnership arrangements

\* Changes to Centre name and/or address must be confirmed on letter-headed paper and attached to this update

† Excludes new and additional centres/sites (go to Section 3)

2.2 Please detail the changes below:

## 3. Change to Qualification Support Details

3.1 Please tick the appropriate boxes to indicate what changes have been made to your qualification support details

(go to 3.2)	Staffing resources	<input type="checkbox"/>	(go to 3.3)	Assessment sites
(go to 3.3)	Physical resources	<input type="checkbox"/>	(go to 3.3)	Satellite centres
(go to 3.3)	Internal training packages accredited by City & Guilds/ILM	<input type="checkbox"/>	(go to 3.3)	Other

### 3.2 Details for changes to staffing resources

(For all other changes skip this section and go straight to 3.3)

Please note that up-to-date CVs for all assessment and IQA staff must be made available to City & Guilds/ILM upon request

**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)**

#### Staff member 1

<b>Part A – Please complete this section for all qualification staff changes</b>		
Staff name	Title	
	First name	
	Surname	
Qualification applied for	Title	
	Number	
Nature of change (eg new staff, achieved TAQA award or updated CPD)		
<b>Part B - Please complete this section for new staff only</b>		
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		

#### Staff member 2

<b>Part A – Please complete this section for all staff changes</b>		
Staff name	Title	
	First name	
	Surname	
Qualification applied for	Title	
	Number	
Nature of change (eg new staff, achieved TAQA award or updated CPD)		
<b>Part B - Please complete this section for new staff only</b>		
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		

### Staff member 3

<b>Part A – Please complete this section for all staff changes</b>		
Staff name	Title	
	First name	
	Surname	
Qualification applied for	Title	
	Number	
Nature of change (eg new staff, achieved TAQA award or updated CPD)		
<b>Part B - Please complete this section for new staff only</b>		
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		

3.3 Details for all other changes (please use this to detail changes to areas ticked at 3.1 or for additional staffing information)

Please also note that additional assessment sites or satellite centres will be subject to the same centre quality monitoring level as the main centre.

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#### 4. Declaration and contact details

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;

Please tick this box to confirm acceptance of these conditions

4.1	Contact	Title	
		First name	
		Surname	
		Job title	
4.2	Date of completion		

Please submit this form electronically to your local office; ensuring that you also send a copy to the Consultant(s) for the qualification(s) concerned:

- For **City & Guilds local offices** please see the page for centres at [www.cityandguilds.com](http://www.cityandguilds.com)
- For **ILM** send to [customer@i-l-m.com](mailto:customer@i-l-m.com)
- For **City & Guilds Land Based Services** see contact details at [www.nptc.org.uk](http://www.nptc.org.uk)

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