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**Application for Qualification Approval**

**Guidance Notes:**

This form is for use by Centres applying via, or who are currently managed by, the Gatehouse Awards Limited Representative, DOLFO Association.

In order to gain approval for delivery, new applicant Centres should also submit their *Gatehouse Awards Centre Approval Form* at the same time. Existing Centres wising to increase the qualifications they are approved to deliver, should complete this document prior to the start of delivery of the proposed qualification(s).

Please ensure all sections of this document are fully completed otherwise your application may not be processed.

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| Centre Name |  |
| Centre Number\* |  |

*\*please only complete if already holding Approved Centre status*

**SECTION 1 – Qualification and Staff Details**

Please indicate which GA qualification(s) you wish to deliver and the details of the staff who will be involved. Please note that staff CVs may be requested to be reviewed as part of this application or subsequent quality assurance activities. Please note that if you are applying for qualification approval for multiple similar qualifications at different levels / one suite of qualifications, a single *Application for Qualification Approval* may be used. If you are applying for approval for multiple qualifications in different sector areas, please use one *Application for Qualification Approval* form for each suite/sector type.

**Qualification 1**

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| Qualification Title |  | | | Qualification Number(s) |  | Level(s) | |  |
| Expected registrations  (Year 1) |  | | | Proposed start Date | **DD/MM/YYYY** | External Assessment | | Yes  No |
| Expected registrations  (Year 2) |  | | |
| Expected registrations  (Year 3) |  | | |
| (Qualification 1: Qualification Delivery Staff Details | | | | | | | | |
| Staff Name | | Role *(e.g. Assessor / IQA / Interlocutor / Invigilator)* | Summary of relevant experience and qualifications | | | | CV supplied? | |
| 1. | |  |  | | | | Yes  No | |
| 2. | |  |  | | | | Yes  No | |
| 3. | |  |  | | | | Yes  No | |
| 4. | |  |  | | | | Yes  No | |
| 5. | |  |  | | | | Yes  No | |
| 6. | |  |  | | | | Yes  No | |

*(Add further rows if required)*

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| 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. | Yes  No |

**Qualification 2**

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| Qualification Title |  | | | Qualification Number(s) |  | Level(s) | |  |
| Expected registrations  (Year 1) |  | | | Proposed start Date | **DD/MM/YYYY** | External Assessment | | Yes  No |
| Expected registrations  (Year 2) |  | | |
| Expected registrations  (Year 3) |  | | |
| Qualification 1: Qualification Delivery Staff Details | | | | | | | | |
| Staff Name | | Role *(e.g. Assessor / IQA / Interlocutor / Invigilator)* | Summary of relevant experience and qualifications | | | | CV supplied? | |
| 1. | |  |  | | | | Yes  No | |
| 2. | |  |  | | | | Yes  No | |
| 3. | |  |  | | | | Yes  No | |
| 4. | |  |  | | | | Yes  No | |
| 5. | |  |  | | | | Yes  No | |
| 6. | |  |  | | | | Yes  No | |

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| 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. | Yes  No |

**Qualification 3**

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| Qualification Title |  | | | Qualification Number(s) |  | Level(s) | |  |
| Expected registrations  (Year 1) |  | | | Proposed start Date | **DD/MM/YYYY** | External Assessment | | Yes  No |
| Expected registrations  (Year 2) |  | | |
| Expected registrations  (Year 3) |  | | |
| Qualification 1: Qualification Delivery Staff Details | | | | | | | | |
| Staff Name | | Role *(e.g. Assessor / IQA / Interlocutor / Invigilator)* | Summary of relevant experience and qualifications | | | | CV supplied? | |
| 1. | |  |  | | | | Yes  No | |
| 2. | |  |  | | | | Yes  No | |
| 3. | |  |  | | | | Yes  No | |
| 4. | |  |  | | | | Yes  No | |
| 5. | |  |  | | | | Yes  No | |
| 6. | |  |  | | | | Yes  No | |

*(Add further rows if required)*

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| 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. | Yes  No |

**SECTION 2 – Existing Approvals**

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| --- | --- |
| 2.1 Are you applying for a qualification that you are already delivering through another awarding organisation? | Yes  No  (If NO, please go to section 3) |
| 2.2 Through which awarding organisation do you offer the qualification(s)? | AO Name: |
| 2.3 Please attach evidence of qualification approval (e.g. letters or other communications confirming current approval status) | Submitted |
| 2.4 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)* | Submitted |
| 2.5 Have you ever had registration or certification status removed or suspended for this qualification? | Yes  No  (If NO, please go to section 3) |
| 2.6 If Yes above, date when status was removed/suspended | DD/MM/YYYY |
| 2.7 Please provide a brief explanation of why registration and/or certification status was removed/suspended and what corrective actions were taken |  |

**SECTION 3 – Resources and Staff Development**

3.1 Please provide a brief description of your facilities, equipment and other teaching, learning and assessment resources available at your Centre for staff and for learners.

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3.2 Please provide a brief description of arrangements in place for staff support and development for all staff involved in the delivery of these qualifications.

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**SECTION 4 – Teaching, Learning and Assessment**

4.1 Please provide a brief description of how information, advice and guidance are provided to learners, including your induction process, how details of assessment are shared with learners and how learners’ progress is reviewed.

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4.2Please provide a brief description of how teaching, learning and assessment of the qualification(s) will be undertaken.

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4.3 Please provide a brief description of the Centre’s internal quality assurance arrangements for these qualifications.

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I hereby confirm that the information provided is accurate and a true reflection of our Centre’s current status.

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| Signed by Head of Centre: |  |
| Print Name: |  |
| Date: | DD / MM / YYYY |

**Submitting your application:**

Once you have completed this form, please email it to b.kircanski@gatehouseseu.org along with any supporting documentation.