New Centre Application Form

**Complete all sections of the form and send it to** [**centralsupport@proqualab.co.uk**](mailto:centralsupport@proqualab.com)**.**

Please note that the information provided on this form may be shared with ProQual teams for due diligence purposes.

## 1. Your Organisation

|  |  |
| --- | --- |
| Name of Organisation |  |
| **Address of Organisation** |  |
| **Type of Organisation  (mark the applicable option)** | Registered Company |
| Sole Trader |
| Other - please explain: |
|  |
| **Are you a Limited Company? (mark the applicable option)** | Yes |
| No |
| **Company Name as Registered with the Companies House  (if applicable)** |  |
| **Director(s) Names** |  |
| **Registered Company Number (if applicable)** |  |
| **Postcode** |  |
| **Telephone** |  |
| **UKPRN** |  |
| **Name and email address of Head of Centre** |  |
| **Name and email address of Centre Coordinator** |  |
| **Name and email address of person designated to receive electronic invoices** |  |

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| --- | --- | --- |
| Indicate type of centre | | |
| School | FE College | Sixth Form College |
| Adult Education Centre | University | Private Training Provider |
| Local Government / Central Government / NHS | Voluntary Organisation | HM Prison / Youth Offenders Institution |
| Employer | Armed Forces | Other, please explain: |
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| If your organisation is part of a consortium or partnership provide details of the  consortium, partners and form of relationship (attach separate sheets as necessary) |
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## Satellite Sites

If you would like to use satellite sites, you must submit a separate **Satellite Site Approval Form** and have them approved by ProQual first. You can obtain the form from ProQual website.

## 2. Qualifications

## Provide the full title of each qualification for which approval is being requested. Only include qualifications that the centre intends to deliver immediately upon approval.

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| --- | --- | --- | --- |
| Qualification Number | Full Qualification Title | Proposed Date of First Registrations | Estimated Number of Candidates Per Year |
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I understand and adhere to the CITB CASS Strategy requirement not to use simulation in the delivery of NVQ qualifications.

I understand and adhere to the CITB CASS Strategy requirement that NVQs must be assessed in the workplace.

If your organisation is already an approved assessment centre for regulated qualifications, please indicate which awarding organisation it is approved by and which qualifications it is approved to offer.

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| Awarding Organisation | Full Qualification Title | Approval Date |
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Has approval as a centre been withdrawn, suspended, refused by an awarding organisation? If yes, indicate below.

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| --- | --- | --- |
| Date | Awarding Organisation | Details/Reasons Explained |
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Is the centre currently subject to any sanctions/restrictions/penalties or investigations by another awarding body? If yes, indicate below.

|  |  |  |
| --- | --- | --- |
| Date | Awarding Organisation | Details/Reasons Explained |
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Have any of the business owners/persons with significant control or centre key personnel such as IQAs, assessors, Head of Centre etc. ever been subject to any enforcement actions/penalties/restrictions/court proceedings/criminal offences from any regulatory, government or professional bodies or currently in the process of being investigated by them?

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| --- | --- | --- |
| Date | Regulator/Professional/ Government Body Name | Details of Enforcement/Investigation/ Sanctions/Restrictions/Directions/Offences |
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Have any of the business owners/persons with significant control ever become insolvent or subject to corporate financial restructuring?

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| Date | Regulator/Professional/ Government Body Name | Details/Reasons Explained |
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| Do you intend to deliver ProQual qualifications to candidates under the age of 18? | | |
| Yes | | No |
| If yes: | | |
|  | Confirm that you have adequate safeguarding and child protection policies and procedures including safer recruitment checks in place to safeguard the candidates. | |
|  | Confirm that you have appropriate level of DBS checks for all the relevant staff and associates which includes periodic reviews. | |

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| Do you intend to deliver ProQual qualifications to candidates over the age of 18 who are classed as vulnerable under the definition of the Care Act? | | |
| Yes | | No |
| If yes: | | |
|  | Confirm that you have adequate adults at risk policies and procedures including safer recruitment checks in place to safeguard the candidates. | |
|  | Confirm that you have appropriate level of DBS checks for all the relevant staff and associates which includes periodic reviews. | |

*Please note that the centre has a duty to disclose to ProQual any changes to the above declaration during the application process and throughout the lifetime of the centre agreement with ProQual.* ***Failure to do so will impact on the continuation of the approval process, or your Approved Centre status, once accepted.***

## 3. Delivering ProQual Qualifications

**3.1. Rationale, business plan and marketing strategy**

1. provide a brief rationale for seeking centre approval
2. explain the funding streams which will support the sector qualifications in which you are applying for
3. explain how you will advertise/market ProQual qualifications you are approved to deliver
4. explain how you will be recruiting candidates to ProQual qualifications

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Please provide evidence to show how your organisation will be able to meet ProQual centre approval and monitoring requirements. Refer to the guidance in the ProQual Centre Application Guide.

**3.2. ProQual qualifications delivered to non-UK-based candidates**

**Note:** All ProQual qualifications are regulated by Ofqual, therefore, they need to meet the same regulatory requirements regardless of where in the world the candidate takes an assessment. This means that if the centre intends to deliver ProQual qualification to candidates in a country outside the UK alongside those in the UK, it is still a regulated qualification when it is taken by those candidates. Therefore, the same quality assurance processes will apply.

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| --- | --- |
| Do you intend to deliver ProQual qualifications to non-UK-based candidate? | |
| Yes | No |
| If yes, give details (country, estimated number of candidates, where would the assessors and IQAs will be based, etc.) | |
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**3.3. Physical Resources**

Provide evidence of physical resource availability for the assessment of the proposed qualifications, include copies of any assessment resources you intend to use.

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**3.4. Staff Resources**

Details of staffing to support the assessment and internal quality assurance of the proposed qualifications.

1. **Assessors**

Please list below the assessors who will assess the qualifications you are seeking approval for. Provide CVs and copies of relevant certificates for each of the assessors listed below outlining their sector experience/occupational competence to assess the qualifications. These should be attached to the application.

|  |  |
| --- | --- |
| Assessor Name |  |
| **Qualifications Held** |  |
| **Occupationally Competent to Assess the Following Qualifications** |  |
| **Conflicts of Interest (if any)**  **a) Declare potential or actual conflicts of interest**  **b) Describe how they are going  to be managed** |  |

|  |  |
| --- | --- |
| Assessor Name |  |
| **Qualifications Held** |  |
| **Occupationally Competent to Assess the Following Qualifications** |  |
| **Conflicts of Interest (if any)**  **a) Declare potential or actual conflicts of interest**  **b) Describe how they are going  to be managed** |  |

|  |  |
| --- | --- |
| Assessor Name |  |
| **Qualifications Held** |  |
| **Occupationally Competent to Assess the Following Qualifications** |  |
| **Conflicts of Interest (if any)**  **a) Declare potential or actual conflicts of interest**  **b) Describe how they are going  to be managed** |  |

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| --- | --- |
| Assessor Name |  |
| **Qualifications Held** |  |
| **Occupationally Competent to Assess the Following Qualifications** |  |
| **Conflicts of Interest (if any)**  **a) Declare potential or actual conflicts of interest**  **b) Describe how they are going  to be managed** |  |

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| --- | --- |
| Assessor Name |  |
| **Qualifications Held** |  |
| **Occupationally Competent to Assess the Following Qualifications** |  |
| **Conflicts of Interest (if any)**  **a) Declare potential or actual conflicts of interest**  **b) Describe how they are going  to be managed** |  |

|  |  |
| --- | --- |
| Assessor Name |  |
| **Qualifications Held** |  |
| **Occupationally Competent to Assess the Following Qualifications** |  |
| **Conflicts of Interest (if any)**  **a) Declare potential or actual conflicts of interest**  **b) Describe how they are going  to be managed** |  |

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| --- | --- |
| Assessor Name |  |
| **Qualifications Held** |  |
| **Occupationally Competent to Assess the Following Qualifications** |  |
| **Conflicts of Interest (if any)**  **a) Declare potential or actual conflicts of interest**  **b) Describe how they are going  to be managed** |  |

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| --- | --- |
| Assessor Name |  |
| **Qualifications Held** |  |
| **Occupationally Competent to Assess the Following Qualifications** |  |
| **Conflicts of Interest (if any)**  **a) Declare potential or actual conflicts of interest**  **b) Describe how they are going  to be managed** |  |

If any of your assessors listed above are working towards the achievement of an assessor qualification provide details below.

|  |  |
| --- | --- |
| Name |  |
| **Qualification** |  |
| **Anticipated completion date** |  |
| **Assessor who is countersigning** |  |

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| --- | --- |
| Name |  |
| **Qualification** |  |
| **Anticipated completion date** |  |
| **Assessor who is countersigning** |  |

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| --- | --- |
| Name |  |
| **Qualification** |  |
| **Anticipated completion date** |  |
| **Assessor who is countersigning** |  |

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| --- | --- |
| Name |  |
| **Qualification** |  |
| **Anticipated completion date** |  |
| **Assessor who is countersigning** |  |

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| --- | --- |
| Name |  |
| **Qualification** |  |
| **Anticipated completion date** |  |
| **Assessor who is countersigning** |  |

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| --- | --- |
| Name |  |
| **Qualification** |  |
| **Anticipated completion date** |  |
| **Assessor who is countersigning** |  |

1. **IQAs**

Please list below the IQAs who will internally quality assure the qualifications you are seeking approval for.

Provide **CVs** and copies of relevant **certificates** for each of the IQA listed below outlining their sector experience/occupational competence to internally quality assure the qualifications. These should be attached to the application.

|  |  |
| --- | --- |
| IQA Name |  |
| **Qualifications Held** |  |
| **Occupationally Competent to IQA the Following Qualifications** |  |
| **Conflicts of Interest (if any)**  **a) Declare potential or actual conflicts of interest**  **b) Describe how they are going  to be managed** |  |

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| --- | --- |
| IQA Name |  |
| **Qualifications Held** |  |
| **Occupationally Competent to IQA the Following Qualifications** |  |
| **Conflicts of Interest (if any)**  **a) Declare potential or actual conflicts of interest**  **b) Describe how they are going  to be managed** |  |

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| --- | --- |
| IQA Name |  |
| **Qualifications Held** |  |
| **Occupationally Competent to IQA the Following Qualifications** |  |
| **Conflicts of Interest (if any)**  **a) Declare potential or actual conflicts of interest**  **b) Describe how they are going  to be managed** |  |

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| --- | --- |
| IQA Name |  |
| **Qualifications Held** |  |
| **Occupationally Competent to IQA the Following Qualifications** |  |
| **Conflicts of Interest (if any)**  **a) Declare potential or actual conflicts of interest**  **b) Describe how they are going  to be managed** |  |

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| --- | --- |
| IQA Name |  |
| **Qualifications Held** |  |
| **Occupationally Competent to IQA the Following Qualifications** |  |
| **Conflicts of Interest (if any)**  **a) Declare potential or actual conflicts of interest**  **b) Describe how they are going  to be managed** |  |

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| --- | --- |
| IQA Name |  |
| **Qualifications Held** |  |
| **Occupationally Competent to IQA the Following Qualifications** |  |
| **Conflicts of Interest (if any)**  **a) Declare potential or actual conflicts of interest**  **b) Describe how they are going  to be managed** |  |

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| --- | --- |
| IQA Name |  |
| **Qualifications Held** |  |
| **Occupationally Competent to IQA the Following Qualifications** |  |
| **Conflicts of Interest (if any)**  **a) Declare potential or actual conflicts of interest**  **b) Describe how they are going  to be managed** |  |

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| --- | --- |
| IQA Name |  |
| **Qualifications Held** |  |
| **Occupationally Competent to IQA the Following Qualifications** |  |
| **Conflicts of Interest (if any)**  **a) Declare potential or actual conflicts of interest**  **b) Describe how they are going  to be managed** |  |

|  |  |
| --- | --- |
| IQA Name |  |
| **Qualifications Held** |  |
| **Occupationally Competent to IQA the Following Qualifications** |  |
| **Conflicts of Interest (if any)**  **a) Declare potential or actual conflicts of interest**  **b) Describe how they are going  to be managed** |  |

If any of your IQAs listed above are working towards the achievement of the internal quality assurance qualification, provide details below.

|  |  |
| --- | --- |
| Name |  |
| **Qualifications** |  |
| **Anticipated completion date** |  |
| **IQA who is countersigning** |  |

|  |  |
| --- | --- |
| Name |  |
| **Qualifications** |  |
| **Anticipated completion date** |  |
| **IQA who is countersigning** |  |

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| --- | --- |
| Name |  |
| **Qualifications** |  |
| **Anticipated completion date** |  |
| **IQA who is countersigning** |  |

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| --- | --- |
| Name |  |
| **Qualifications** |  |
| **Anticipated completion date** |  |
| **IQA who is countersigning** |  |

You must fully complete all the boxes below.

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| --- |
| Centres must have contingency plans in place to ensure the facilitation of EQA visits throughout the year (both announced and unannounced), when required. Describe your staffing and centre access arrangements for this. |
|  |

**3.5. Candidate Support**

Provide details of:

1. your induction process
2. how you ensure that candidates have an appropriate level of English language to achieve the qualification
3. how you confirm candidate ID

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**3.6. Management of Assessment**

Provide details of the following:

1. processes to support the assessment of qualifications

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1. systems that track the progress of candidates

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1. arrangements that allow for recognition of prior learning (RPL)

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**3.7. Records**

Provide details of your recording systems for candidate assessment and achievement.

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**3.8. Review**

Provide details of how your systems allow for effective monitoring, evaluation and review.

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**3.9. Recent External Quality Assurance Report**

If your organisation is already a centre with another awarding organisation for the same sector and same type of qualifications, please enclose a copy of the most recent external quality assurance reports for the qualification(s) you now wish to deliver through ProQual.

***All prospective centres must be aware that any cancellation of the arranged EQA visits as part of the approval process will incur additional costs on top of the application fee.***

**3.10. Referral Sources**

How did you hear about us (mark as appropriate)?

Social media (Facebook, Instagram, X, LinkedIn etc.)

Search Engine (Google, Bing, etc.)

Online Advertisement

Friend or Family

Event or Webinar

Previous Customer

Recommendation

Other (please specify below)

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**4. Declaration**

I confirm that I am the named point of accountability for the quality assurance, management and compliance with regulatory requirements for the qualification(s) for which we are requesting approval.

I confirm that this organisation:

* has the necessary staff, resources and systems to support the assessment of qualifications;
* has systems in place to ensure consistency of:
  + - the standards and the security of assessments and assessment records
    - the tracking of candidate progress and transmission of assessment outcomes
* has arrangements that allow for recognition of prior learning (RPL)
* has policies and practice that support equality of opportunity;
* has quality assurance and management processes that apply across all satellite sites;
* has procedures in place to enable registration and certification details to be entered onto the ProQual Platinum System (PPS);
* has documentation of the respective roles and responsibilities of any partnership arrangement;
* has procedures in place to obtain a unique learner number (ULN) and access candidate records on behalf of candidates;
* will provide ProQual and/or the regulatory authorities with access to premises people and records.

In submitting this application, I undertake:

1. that the information provided is to the best of my knowledge accurate
2. to note the schedule of awarding and related fees published by ProQual with this application form (and periodically updated) and to remit fees against invoices issued in respect of awarding and related services provided by ProQual

|  |  |  |
| --- | --- | --- |
| Name |  | |
| **Position** |  | |
| **Signature** | | **Date** |
|  | |  |

**Please email the completed form to** [**centralsupport@proqualab.com**](mailto:centralsupport@proqualab.com)**.**

|  |  |
| --- | --- |
| For ProQual Purposes Only | |
| Operations Team Member Name |  |
| Date |  |

**Further Information**

For further information about ProQual please contact us at:

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