ProQual Centre Additional Qualification Application

This form should be completed by ProQual approved centres wishing to **add existing ProQual qualifications** to the list of qualifications that they are approved to deliver.

**Subsequent Sector Qualification Approval**

If the additional qualification sought is not closely related to that for which the centre is already approved, then an approval visit by EQA may be required. Refer to the current **Fees Schedule** for details of all fees payable.

Please complete all relevant fields then return to [centralsupport@proqualab.com](mailto:centralsupport@proqualab.com?subject=Replacement%20Certificate%20Request) as a **Word** document. Incomplete or incorrectly completed forms will be returned to the centre. ProQual will aim to deal with your request as soon as possible but no later than the **5 working days**.

***Note:*** *Each addition qualification applied for will be considered individually for continuous certification irrespective of your existing qualification claims status.*

## Section 1 - Centre Details

|  |  |  |  |
| --- | --- | --- | --- |
| Approved Centre Name |  | | |
| Centre Address |  | **Head of Centre** |  |
| **Centre Coordinator** |  |
| **Email** |  |
| **Telephone** |  |

## Section 2 - Sector

If approval is sought to deliver qualifications in the **same sector** to which you are currently approved, leave this section blank and continue to Section 3 Qualifications and Assessment and Verification Teams.

If the additional qualification sought is in a **different sector** to which the centre is already approved, then an approval visit by EQAmay be required. Refer to the current **Fees Schedule** for details of all fees payable.

|  |  |
| --- | --- |
| Additional sector |  |

## Section 3 - Qualifications and Assessment and Verification Teams

List the **qualification number**, **full title** and the names of your **assessors** and **IQAs** for each qualification/pathway for which approval is being sought.

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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Qual.  Number | Full qualification title | Qualification pathway  (if applicable) | Name of assessor competent to deliver  the assessment | Name of IQA competent to undertake the internal verification |
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If any of your assessors or IQAs listed above are working towards the achievement of relevant qualifications for assessors/IQAs, provide details below.

**Assessor/IQA one**

|  |  |
| --- | --- |
| Name |  |
| Qualification |  |
| Anticipated completion date |  |
| Assessor or IQA Verifier who is countersigning |  |

**Assessor/IQA two**

|  |  |
| --- | --- |
| Name |  |
| Qualification |  |
| Anticipated completion date |  |
| Assessor or IQA Verifier who is countersigning |  |

**Assessor/IQA three**

|  |  |
| --- | --- |
| Name |  |
| Qualification |  |
| Anticipated completion date |  |
| Assessor or IQA Verifier who is countersigning |  |

Please note that if the assessors/IQAs listed above are not already registered with ProQual, you must submit a separate Notification of Changes to Approved Centre (NOC) Form and obtain approval from ProQual before you start using them. Contact [centralsupport@proqualab.com](mailto:centralsupport@proqualab.com?subject=Replacement%20Certificate%20Request) for the application form.

## Section 4 – Rationale

|  |
| --- |
| Provide a rationale for seeking the qualification approval. |
|  |

**Declaration:**In submitting this application, I undertake that the information provided is to the best of my knowledge accurate.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Designation |  | | |
| Sign |  | **Date** |  |

Return the completed form to [centralsupport@proqualab.com](mailto:centralsupport@proqualab.com?subject=Replacement%20Certificate%20Request) as a **Word** document.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Office Use Only | | | | | | | | |
| Assessment and verification team’s occupational competence and qualifications checked | | | | | | | |  |
| CVs checked for currency | | | | | | | |  |
| Finance checked | | | | | | | |  |
| Person making the application is on PPS System | | | | | | | |  |
| Last two EQA reports checked | | | | | | | |  |
| Centre Risk Assessment checked | | | | | | | |  |
| Sanctions checked | | | | | | | |  |
| **CITB CASS strategy does not permit simulation to be used in the delivery of NVQ qualifications** | | | | | | | | |
| Check on simulation | | | | | | | |  |
| **Qual. Number** | **Full Qualification Title** | | **Qualification Approved** | | **Continued Certification Approved** | | **Rationale** | |
| Yes | No | Yes | No |
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| **Name of the person making the decision** | |  | | | | | | |
| **Date** | |  | | | | | | |

**Further Information**

For further information contact ProQual:

Address: ProQual AB Limited, ProQual House, Unit 1, Innovation Drive, Newport, HU15 2GX  
Telephone: 01430 423822  
Email: enquiries@proqualab.com   
Web: www.proqualab.com