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 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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|       |       |       |       |       |
|       |       |       |       |       |
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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 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 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** | **QualificationApproved** | **Continued CertificationApproved** | **Rationale** |
| Yes | No | Yes | No |
|       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |
|       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |
|       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |
|       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |
|       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |
|       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |
|       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |
|       |       | [ ]  | [ ]  | [ ]  | [ ]  |       |
| **Name of the person making the decision** |       |
| **Date** |       |

**Further Information**

For further information contact ProQual:

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Telephone: 01430 423822
Email: enquiries@proqualab.com
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