Notification of Changes to Approved Centre

Fill in the relevant sections of this form to notify ProQual of the changes to the original application for centre approval.

Please return the completed form to ProQual centralsupport@proqualab.com as a **Word** document.

ProQual will aim to process the information as soon as possible but no later than the **5 working days**.

## Section 1 - Centre Name Change

|  |  |
| --- | --- |
| Current Approved Centre Name |       |
| New Centre Name |       |
| Reason/Rational |       |

Confirm that the following has been rebranded by putting (x) in the relevant box

|  |  |  |  |
| --- | --- | --- | --- |
| Item Name  | Yes | No | Comment |
| Company logo on buildings, vehicles, websites, social media | [ ]  | [ ]  |       |
| Portfolio and documentation | [ ]  | [ ]  |       |
| Public Liability Insurance | [ ]  | [ ]  |       |
| Company postal address | [ ]  | [ ]  |       |
| UKPRN number | [ ]  | [ ]  |       |
| Policies and Procedures | [ ]  | [ ]  |       |
| Name change with Companies House | [ ]  | [ ]  |       |

Forward the documentary evidence to confirm the above.

***Note:*** *If this is a change of legal entity you must contact ProQual* centralsupport@proqualab.com *to discuss a new approval.*

## Section 2 – Changes to Key Personnel (assessors, IQAs, Head of Centre, centre coordinator, centre administrator, finance contact)

You are required to notify ProQual immanently if any of the key centre personnel - assessor, IQA, Head of Centre, centre coordinator, centre administrator, finance contact- leaves the centre so that the AO can update its records accordingly.

|  |  |
| --- | --- |
| Centre Name |       |

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| --- |
| Staff Leaving the Centre |
| Full Name | Position | Leaving Date | Qual.(s) delivered | Name of remaining assessor(s)/IQA(s) delivering this qualification |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
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|       |       |       |       |       |
|       |       |       |       |       |

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| A) Staff Joining the Centre (Please complete box A and box B where appropriate) |
| Full Name | Position (if trainee assessor/IQA add counter signatory name) | Contact details (email & phone number) | Date Joined | Conflicts of Interest (if any)a) Declare potential or actual conflict of interest b) Describe how it is going to be managed |
|       |       |       |       | a)     b)      |
|       |       |       |       | a)     b)      |
|       |       |       |       | a)     b)      |
|       |       |       |       | a)     b)      |
|       |       |       |       | a)     b)      |
|       |       |       |       | a)     b)      |
|       |       |       |       | a)     b)      |
|       |       |       |       | a)     b)      |

|  |
| --- |
| B)  |
| New assessor/IQA name | Qual.(s) they will assess/verify | Qualification pathways | Tick to confirm you have submitted CVs & relevant certificates |
|       |       |       | [ ]  |
|       |       |       | [ ]  |
|       |       |       | [ ]  |
|       |       |       | [ ]  |
|       |       |       | [ ]  |
|       |       |       | [ ]  |
|       |       |       | [ ]  |
|       |       |       | [ ]  |

 **Section 3 - Changes to Centre Address**

|  |  |
| --- | --- |
| Approved Centre Name |       |
| Is this a permanent change in address?(put x as appropriate) | [ ]  Yes | [ ]  No |
| Anticipated duration of the proposed change (only if temporary) |       |
| Proposed new address |       |
| Postcode |       |
| Reason/Rational |       |
| Date of change |       |

|  |
| --- |
| Are there sufficient resources available at the proposed new address (this could include classrooms, equipment, offices etc.) |
| [ ]  Yes | [ ]  No |
| **Are there secure storage facilities for all confidential and paper-based personal records (candidate portfolios, documentation etc.)?** |
| [ ]  Yes | [ ]  No |

|  |
| --- |
| Where is your Public Liability Certificate displayed? |
|       |
| **Do you have adequate welfare facilities for candidates and staff/visitors (toilets/kitchens/First Aid etc.)?** |
| [ ]  Yes | [ ]  No |
| **Does the proposed new site comply with the Health and Safety Regulations?** |
| [ ]  Yes | [ ]  No |
| **Have you updated your policies and procedures accordingly to reflect the proposed changes?** |
| [ ]  Yes | [ ]  No |
| **Have the invoice details changed? (if yes, provide details)** |
| [ ]  Yes | [ ]  No |
| **New invoicing details (contact name, email address etc.)** |
|       |
| **Have your contact telephone numbers changed?** |
| [ ]  Yes | [ ]  No |
| **New telephone numbers** |
|       |

|  |
| --- |
| Use this space if you need to add further information or tell us anything else that is relevant |
|       |

***Note:*** *If this is a change of legal entity you must contact the ProQual Operations Team centralsupport@proqualab.com to discuss
a new approval.*

**Section 4 - Any Other Changes**

* change of management control or ownership, including business mergers
* changes to the financial circumstances which has the potential to impact on the delivery of ProQual qualifications
(e.g. CCJs, dissolution notice, first gazette, insolvency, bankruptcy, voluntary strike off etc.)
* sanctions imposed by other awarding bodies/regulatory authorities or professional bodies resulting in the suspension of candidate registration and certification and/or the removal of centre approval
* any enforcement actions/penalties/restrictions/court proceedings/criminal offences from any regulatory, government and/or professional bodies in relation to approved centre’s key personnel, its management and business owners
* any other changes not listed above which has the potential to impact on the delivery of ProQual qualifications
* changes to centre resources, for example, IT, plant equipment etc.

|  |  |
| --- | --- |
| Centre Name |       |
| Detail of Changes |       |

 **Declaration:**

In submitting this notification of change to the approved centre, I undertake that the information provided is to the best of my knowledge accurate.

|  |
| --- |
| I understand and accept that ProQual will apply risk-based approach to undertaking live announced or unannounced visits to the approved centre even if the centre is a private dwelling. Where ProQual decide to undertake a Quality Assurance Visit, it will always be conducted on the Centre’s Approved Site irrespective of whether its secondary function is as a private dwelling. |

 ***Please note that NO changes can be made until ProQual has approved it in writing to the Centre***

|  |  |
| --- | --- |
| Name of the person submitting the notification |       |
| Position |       |
| Sign |       |
| Date |       |

Return the completed form to centralsupport@proqualab.com as a Word document.

|  |
| --- |
|  Office Use Only |
| Intelligence check completed  | [ ]   |
| Approved | [ ]   |
| Not Approved | [ ]   |
| Rationale |       |
| Name of the Person Making the Decision |       |
| Date |       |