Application for Additional Assessment Venue Approval Form

An Additional Assessment Venue is a venue used by the Main Centre where the Main Centre is delivering assessments to its own learners on a site separate to its main/satellite site (excluding premises where learners are assessed on their own employer’s premises – this does not require an application to GA).

Assessment at an Additional Assessment Venue needs to be delivered and coordinated directly by Main Centre staff. No assessment materials or candidate records must be held at the Additional Assessment Venue, other than for the duration of the assessment delivery.

**Submitting your application**

**Please** email the completed form plus any supporting documentation to [approvals@gatehouseawards.org](mailto:approvals@gatehouseawards.org).

Your application will be reviewed by a member of our approvals team, who may request additional information.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Main Centre Name | | |  | | | | |
| Main Centre Number | | |  | | | | |
| Additional Assessment Venue Name | | |  | | | | |
| Additional Assessment Venue Full Address | | |  | | | | |
| Additional Assessment Venue Telephone Number | | |  | | | | |
| List of Qualifications to be Assessed at this Venue | | | *(expand as required)* | | | | |
| Main Centre Staff Contact for this Assessment Venue | | | Name |  | | | |
| Email / Tel |  | | | |
| Proposed Operational Start Date | | |  | | | | |
| Proposed number of candidates to be assessed at this venue | | | | | | | |
| Year 1 |  | Year 2 | | |  | Year 3 |  |

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| --- | --- | --- | --- |
| Are there any actual or potential Conflicts of Interest arising from the arrangements with this Assessment Venue? | Yes | ☐ | *If yes, please complete and submit a Declaration of Interest Form* |
| No | ☐ |
| Please confirm that only staff from the Main Centre will deliver/administer assessment at this venue? | Yes | ☐ | *If no, please complete and submit an Application for a Satellite Centre Approval Form* |
| No | ☐ |

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| Please provide details of the main centre staff who will be involved in the delivery and quality assurance of assessment at this venue: | | | | |
| Staff Name | Role (Assessor, Internal Moderator) | Qualification to be assessed | CV supplied? | |
|  |  |  | Yes | No |
|  |  |  |  |  |
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|  |  |  |  |  |
| *(add more rows as required)* | | | | |

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| Does the Main Centre’s insurances cover the additional assessment venue?  ***(UK CENTRES ONLY)*** | Professional Indemnity | Yes ☐ No ☐ N/A ☐ |
| Public Liability | Yes ☐ No ☐ N/A ☐ |
| Employers’ Liability | Yes ☐ No ☐ N/A ☐ |
| If No, please give details of how these are covered: | Professional Indemnity |  |
| Public Liability |  |
| Employers’ Liability |  |
| Number & capacity of assessment rooms | Number: | Capacity: |
| Availability of resources - please provide full details: | | |
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| Please explain how assessment(s) will be carried out at the additional assessment venue. |
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| Please describe how candidates will be aware of the main centre’s role in the assessment and quality assurance process. |
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| Is the centre proposing to work in partnership with another organisation for the delivery of these GA qualifications at this venue? If so, provide details of the roles and responsibilities of each party. |
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| Please provide a brief description of the centre’s arrangements for the prevention, identification and management of maladministration and malpractice at this venue |
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**Additional Information**

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| Please use this space to provide any additional information you feel may be relevant to this application. |
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**Declaration**

I hereby confirm that all information supplied by or on behalf of the Applicant (the Main Centre) to Gatehouse Awards Limited in connection with this application is true, complete and accurate. I further confirm that I am authorised to make this application on behalf of both the applicant centre and, if applicable, the owners/directors/management of the proposed Additional Assessment Venue.

I acknowledge that any assessment undertaken at the Additional Assessment Venue will remain the sole responsibility of the Main Centre and that any issues regarding malpractice or maladministration raised at the Additional Assessment Venue will affect the Approved Centre status for the Main Centre.

I accept that the GA Terms and Conditions of Business apply to the Additional Assessment Venue as well as the Main Centre, as do all GA Policies, Procedures and other requirements. I also agree that GA will have the right of entry to the Additional Assessment Venue, whether prior notice has been received or not, for the purpose of checking all such requirements are being adhered to.

I will ensure that, should any actual or potential Conflicts of Interests arise out of this Additional Assessment Venue arrangement, a Declaration of Interests will immediately be completed and forwarded to GA.

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| This form must be signed by the Head of Centre. | |
| Head of Centre Name |  |
| Signature |  |
| Print Name |  |
| Date |  |