Centre and Qualification Approval Criteria & Guidance

1. About this document

This document sets out the criteria that an organisation must meet to gain and maintain approval with Gatehouse Awards (GA) as an approved centre, and the framework for qualification approval. It is the starting point for any organisation considering applying for centre approval, and a reference document for existing GA-approved centres throughout their approval.

It should be read alongside the GA Centre Handbook and the relevant Qualification Specification(s) for any qualifications the centre intends to deliver. A number of other GA policies and procedures are referenced throughout; all are published on the GA website.

This document is relevant to:

- organisations applying for centre approval for the first time
- existing GA-approved centres applying for additional qualification approvals
- existing approved centres maintaining and reviewing their ongoing compliance

Related documents:

GA Centre Handbook
GA Centre Approval Policy and Procedure
GA Quality Assurance Policy
GA CASS Strategy and General Moderation Policy
GA Sanctions Policy
GA Malpractice and Maladministration Policy

If you have any questions after reading this document, contact us at info@gatehouseawards.org

International centres should contact GA before beginning the application process, as additional requirements may apply.

2. Steps in the Approval Process

To deliver GA qualifications, a centre must hold both centre approval and qualification approval for each qualification it intends to offer. These can be applied for at the same time (for organisations seeking initial approval) or separately (for existing approved centres adding new qualifications).

Step 1: Submit your application

- Complete and submit the Application for Centre Approval Form (new centres) and at least one Application for Qualification Approval Form
- Attach all required supporting documents (see Section 3)
- Submit any additional forms for satellite centres or additional venues
- Pay the relevant approval fee

Step 2: We review your application

- GA carries out administrative and quality assurance checks on your application
- We will contact you if any information is missing or further clarification is needed
- We will notify you whether an approval visit is required before a decision can be made
- We aim to process complete applications within 20 working days of receipt of all required documentation and confirmed payment; this may be extended where a visit is required or where complex issues arise

Step 3: Decision and approval

- You will be notified of the outcome in writing.
- If approved, you will receive your Centre Approval certificate and access to The Ark (GA's online system) in your Welcome Pack, and a dedicated GA Centre Administrator will be allocated
- If your application does not meet the criteria, we will provide feedback and give you the opportunity to address any gaps
- If you application is unsuccessful, you may re-apply again at a later date

⚠ Payment of the approval fee does not guarantee that approval will be granted and is not refundable if the application does not meet the required criteria.

3. What You Need to Submit

The following sets out everything required with your initial application. Incomplete applications will be returned and will delay processing. All documents must be current and valid at the time of submission.

3.1 Application forms

You must submit the following forms, fully completed with no unexplained gaps:

- Application for Centre Approval Form (new centres)
- At least one Application for Qualification Approval Form
- Application for Satellite Centre Approval Form and/or Application for an Examination or Assessment Venue Form, for each additional delivery site (if applicable)

- GA Conflict of Interests Declaration Form - if any conflict of interest has been declared within the application forms

3.2 Legal and business documents

You must provide proof that your organisation is a clearly identifiable legal entity. The following are accepted:

- Companies House certificate of incorporation, a direct link to your Companies House record, or an equivalent certificate of registration with the relevant authority in your country
- For organisations not registered at Companies House or equivalent: other evidence of formal legal establishment with the relevant authorities
- Sole traders only: confirmation of identity and evidence of registration with tax authorities (e.g. letter from HMRC showing Unique Tax Reference (UTR) in the UK)

3.3 Insurance certificates

You must provide current, valid insurance certificates for each of the following:

- Professional Indemnity Insurance - minimum cover of £250,000
- Public Liability Insurance - current and valid certificate
- Employers' Liability Insurance - current and valid certificate, or written confirmation of legal exemption (with the reason for exemption stated)

You should also submit a Cyber Liability Insurance certificate if your organisation holds this cover. It is not a mandatory requirement, but it is taken into account when assessing data and IT security arrangements.

⚠ GA will verify expiry dates directly from submitted certificates. All certificates must be valid at the time of application. Where certificates are due to expire within three months of submission, GA may request confirmation that renewal is in progress.

3.4 Policy documents

You must provide written policies or procedures covering each of the following areas. Policies must be dated and version controlled.

For newly established organisations, draft policies are acceptable provided they are complete and appropriate in scope; they should be finalised and approved before delivery begins.

Appeals	Maladministration and Malpractice

	(including collusion, plagiarism and misuse of AI)
Assessment and Internal Quality Assurance *(including for controlled assessments where applicable)*	Recognition of Prior Learning (RPL)
Business Continuity *(including how the centre will safeguard learner interests in the event of business interruption or failure)*	Health and Safety *(required where the organisation employs 5 or more members of staff, or where learners attend the centre's premises)*
Learner Access (including reasonable adjustments and special considerations)	Conflicts of Interest
Complaints	Data Protection, Privacy and GDPR *(including arrangements for obtaining and recording learner consent)*
International centres: English-language summaries of all policies submitted in another language must also be provided.	

UK centres must also provide their Information Commissioner's Office (ICO) registration number. GA will verify this against the ICO public register.

3.5 Other supporting documents

The following are not mandatory but should be submitted where applicable:

- Most recent External Quality Assurance (EQA) report(s) from another awarding organisation - required if you hold approval with another AO for the same or similar qualifications
- Accreditation certificates (e.g. Matrix, ISO, Investors in People, Ofsted, Cyber Essentials) - not mandatory but may be submitted in support of your application

4. Suitability Requirements

GA must be satisfied that the centre and its key personnel are suitable to be involved in the delivery of regulated qualifications. The Application for Centre Approval Form includes a set of declarations which the Head of Centre must complete and sign on behalf of the organisation.

4.1 Suitability declarations

The suitability declarations cover whether the centre, its directors, owners, senior managers, or key personnel have been subject to any of the following:

- Criminal convictions, including those relating to dishonesty, fraud or financial misconduct; safeguarding or child protection; violence; or offences relevant to the conduct of an educational organisation
- Bankruptcy, insolvency proceedings or significant financial difficulties in the past three years
- Disqualification as a company director
- A finding of grave professional misconduct
- Unpaid tax or social security obligations
- Significant irregularities in previous dealings with an awarding organisation or regulatory body, including sanctions, withdrawal of approval, or findings of malpractice
- Association with another organisation that has been found to have acted inappropriately in the context of regulated qualifications
- Findings of unlawful discrimination, pending regulatory investigations, or other matters that may affect the suitability of the centre or its personnel

All declarations are expected to be answered 'No'. Where a 'Yes' answer is given, a full written explanation must be provided. GA will consider the explanation and may seek further information before reaching a decision. A 'Yes' answer does not automatically result in refusal, but GA reserves the right to refuse approval where it considers the circumstances to represent an unacceptable risk to learners, to the integrity of qualifications, or to GA's reputation as an awarding organisation.

4.2 Conflicts of Interest

The application form asks about conflicts of interest in relation to qualification delivery - for example, where a director, owner or senior member of staff has a personal or financial connection with another awarding organisation, a regulatory body, a GA employee, or another GA-approved centre.

Where a conflict of interest is declared, a GA Conflict of Interests Declaration Form must be submitted alongside the application. GA will consider the nature of any declared conflict and may impose conditions or monitoring arrangements as part of the approval.

Approved centres are required to maintain an ongoing conflicts of interest log and to notify GA promptly of any new or changed conflicts of interest arising after approval.

5. Centre Approval Criteria

The criteria below apply both at the point of initial approval and on an ongoing basis throughout the centre's approval.

They are organised into five sections:

- Section 5.1 General Business Requirements
- Section 5.2 Management and Administrative Systems
- Section 5.3 Physical and Staff Resources
- Section 5.4 Delivery and Assessment Practices

- Section 5.5 Internal Quality Assurance Processes

How to read this table

Evidence expected at initial application: what you need to provide or describe when you apply. For new centres this will typically be policies, plans and descriptions of intended arrangements rather than records of past practice.

Evidence assessed at EQA / on an ongoing basis: what GA will look for during external quality assurance activities and routine monitoring once delivery has begun. This column is also relevant to existing centres applying for additional qualification approvals.

5.1 General Business Requirements

Criterion		Evidence expected at initial application	Evidence assessed at EQA / on an ongoing basis
1.1	The centre is a clearly identifiable legal entity, organisation or sole trader, operating within the legal requirements of the country in which it is based.	Proof of company registration (e.g. Companies House or equivalent) Sole traders: evidence of identity and registration with tax authorities	Continued registration and legal standing Notification to GA of any change to legal status, ownership or company structure
1.2	The centre is financially solvent, holds appropriate insurance cover and is not in breach of any professional, regulatory or legal obligation.	Signed Centre Declaration and Statement of Commitment Current insurance certificates	Continued financial solvency Insurance certificates renewed and kept current; notification to GA if cover lapses Notification of any legal or regulatory proceedings
1.3	The Head of Centre and other senior and key staff are suitable to be engaged in their roles in relation to the delivery of regulated qualifications.	Completed suitability declarations Completed conflicts of interest declarations	Notification to GA of any change to key personnel Updated declarations where relevant circumstances change

Criterion		Evidence expected at initial application	Evidence assessed at EQA / on an ongoing basis
		Signed Centre Declaration and Statement of Commitment	Continued compliance with GA's suitability requirements

5.2 Management and Administrative Systems

Criterion		Evidence expected at initial application	Evidence assessed at EQA / on an ongoing basis
2.1	There is active senior management support for the centre's qualification delivery, and the centre's aims, policies and procedures are supported and understood at all levels.	Head of Centre signature on the application Description of management structure or organisational chart	Evidence of management involvement in delivery and quality assurance decisions Management sign-off visible on policy reviews and significant IQA activities
2.2	Staff responsibilities, authorities and accountabilities across all assessment sites are clearly defined, allocated and understood, with an induction process in place for new staff.	Description of staff roles and responsibilities for delivery and IQA Job descriptions or role profiles *(where available)*	Records of staff induction Job descriptions reviewed and kept up to date Evidence that roles and responsibilities are communicated and understood
2.3	There is an effective communication system between all levels of staff and in all directions, including with GA and across any satellite or additional sites.	Description of communication arrangements between management, delivery staff and any satellite sites Copies of any formal agreements with satellite sites (if applicable)	Records of team meetings and communications Evidence of information-sharing across all sites Formal agreements with satellite sites kept current
2.4	Adequate time is allocated for staff involved in teaching, assessment and IQA to meet regularly to discuss delivery and	Description of planned arrangements for team meetings and standardisation activities,	Minutes of standardisation and team meetings

Criterion		Evidence expected at initial application	Evidence assessed at EQA / on an ongoing basis
	quality assurance, and to review and adjust practice.	including intended frequency	Records of planned and completed IQA activities Evidence that delivery has been reviewed and adjustments made accordingly
2.5	The centre provides sufficient time and resources to allow learners to prepare adequately for assessment.	Description of planned delivery model, course duration and learner support arrangements	Schemes of work, lesson plans or curriculum planning documentation Evidence of learner communications about course length and support Learner feedback and records of support provided
2.6	The centre is able to comply with requests from GA to access its premises, records, information, learners and staff for EQA and monitoring purposes.	Confirmation provided in the signed Centre Declaration and Statement of Commitment	Compliance with EQA visit arrangements and requests for information Records and documentation made available promptly when requested
2.7	There is a process in place to inform GA of any changes that may affect the centre's ability to maintain its centre or qualification approval.	Confirmation provided in the signed Centre Declaration Description of the internal process for identifying and reporting changes to GA	Timely submission of GA Centre Update forms for changes to staff, sites or other relevant matters Proactive notification of any significant changes
2.8	Written, dated and version-controlled policies and procedures are in place for all required areas, are reviewed regularly, and are made available to staff and learners. Required policies are listed in Section 3.4.	Copies of all required policies Description of how policies are communicated to staff and learners	Evidence of policy review and version control *(e.g. review log, version history)* Records demonstrating policies are used in practice: *e.g. records of appeals,*

Criterion		Evidence expected at initial application	Evidence assessed at EQA / on an ongoing basis
			complaints, RPL requests and outcomes Learner induction materials or course handbooks referencing relevant policies Evidence of policy updates in response to regulatory or operational changes
2.9	Potential and actual conflicts of interest are identified, recorded and managed, with a log maintained and notifications made to GA as required.	Conflicts of Interest Policy Completed Conflict of Interests Declaration Form *(if applicable)*	Active conflicts of interest log Records of notifications made to GA Evidence of actions taken to mitigate identified conflicts
2.10	Learner personal data is collected and stored in accordance with current data protection legislation and regulation, including GDPR, with learner consent obtained and recorded.	Data Protection, Privacy and GDPR Policy UK centres: ICO registration number *(verified against the ICO public register)* Description of arrangements for obtaining and recording learner consent	Learner enrolment forms and consent records Evidence of data security and access controls Evidence that learner data is accurate, current and securely held
2.11	Processes are in place for the accurate and timely registration, certification and withdrawal of learners with GA.	Description of processes for learner registration, certification claims, withdrawals and breaks in learning Confirmation that the centre understands GA's requirements	Records of learner registrations and certification claims Evidence of timely processing of registrations, certificates and withdrawals Records of breaks in learning and withdrawal decisions
2.12	Learner records and details of achievement are accurate, up to	Description of record-keeping arrangements and	Learner registration records, assessment records and

Criterion		Evidence expected at initial application	Evidence assessed at EQA / on an ongoing basis
	date, securely stored and available for EQA and audit.	processes for confirming learner identity	achievement tracking documentation Identity verification records for each learner Evidence of secure storage and controlled access to records
2.13	Records of reasonable adjustments and special considerations requested and/or applied are maintained.	Learner Access Policy (including reasonable adjustments and special considerations)	Records and logs of reasonable adjustments and special considerations requested and applied Evidence that adjustments were identified and implemented appropriately
2.14	Adequate arrangements are in place to maintain IT systems and cyber security, and to protect data from unauthorised access or loss.	Description of IT and data security arrangements, including remote working provisions where applicable Cyber Liability Insurance certificate *(if held)*	Evidence of current security measures *e.g. firewalls, anti-virus software, regular software updates* Records of data backup arrangements Remote working policies and security guidance for staff
2.15	Marketing and promotional materials relating to GA qualifications are accurate, clear and unambiguous, comply with GA and regulatory requirements, and make correct use of the GA logo.	Links to or copies of any existing marketing materials *(if the centre is already operating as a training provider)* Confirmation that marketing materials will be reviewed prior to promotion of GA qualifications	Marketing materials reviewed during EQA activity Evidence that qualification information is accurate and not misleading Records of any corrections or updates made to marketing materials

Criterion		Evidence expected at initial application	Evidence assessed at EQA / on an ongoing basis
2.16	The centre monitors its approach to qualification delivery and uses findings to inform continuous improvement.	Assessment and IQA Policy. Description of intended arrangements for monitoring delivery, gathering learner feedback and acting on findings	Records of delivery monitoring and review activities Learner evaluation and feedback forms Evidence of improvements implemented as a result of review findings

5.3 Physical and Staff Resources

Criterion		Evidence expected at initial application	Evidence assessed at EQA / on an ongoing basis
3.1	The qualification is adequately staffed, with appropriate assessor-to-learner and IQA-to-assessor ratios in place.	Named staff listed in the Application for Qualification Approval Form, with roles and proposed ratios stated Reference to staffing requirements in the relevant Qualification Specification	Up-to-date staff lists with current ratios Evidence that ratios are maintained as learner numbers change List of staff allocated to specific programmes and sites
3.2	All staff involved in delivery, assessment, IQA and the conduct of external assessments are suitably competent, qualified and experienced, in line with the requirements of the relevant Qualification Specification.	CVs and copies of relevant qualifications and certificates for all named staff CPD logs of completed or planned activities	Up-to-date CVs and qualification records for all delivery and assessment staff CPD records showing continued professional development Recruitment procedures demonstrating that new staff meet qualification requirements

Criterion		Evidence expected at initial application	Evidence assessed at EQA / on an ongoing basis
3.3	There is appropriate staff development provision in place, with records of CPD and development activity held centrally.	Description of planned arrangements for staff support, CPD and development	CPD planning records and CPD logs for all delivery and assessment staff Action plans and records of feedback given to assessors and IQAs Records of staff induction for new team members Minutes of meetings where development needs were identified and addressed
3.4	Physical resources, products and equipment are appropriate for the qualification(s) being delivered and are sufficient and accessible to all staff and learners.	Description of facilities, equipment and resources Evidence of specialist equipment where required by the Qualification Specification (e.g. photos)	Records of equipment and maintenance schedules Evidence of accessibility of resources for all learners, including those with additional needs
3.5	Equipment and facilities comply with relevant safeguarding, health and safety, and any other applicable requirements.	Confirmation provided in the application form Health and Safety Policy (where required - see Section 3.4)	Health and safety records and risk assessments Evidence of compliance with safeguarding requirements Records of any health and safety incidents or corrective actions
3.6	Where qualification delivery involves controlled examinations, the examination venue and its resources are suitable for that purpose.	Description of examination room(s), capacity, layout and available resources Photos of examination rooms	Verification of continued venue suitability through EQA activity or review Seating plans and room set-up records for each examination session

Criterion		Evidence expected at initial application	Evidence assessed at EQA / on an ongoing basis
3.7	Where applicable, the centre has sufficient equipment and resources to set up and deliver online examinations in line with GA's requirements.	Description of online examination capability, including hardware, software and internet connectivity Confirmation that requirements set out in GA's online examination documentation are met	Evidence of online examination delivery in practice Records of technical arrangements and any issues arising Compliance with GA Regulations for Conducting Online Examinations and related documentation

5.4 Delivery and Assessment Practices

Criterion		Evidence expected at initial application	Evidence assessed at EQA / on an ongoing basis
4.1	Delivery and assessment are planned, and planned assessment methods meet the requirements of the relevant Qualification Specification.	Description of the intended delivery and assessment model Sample assessment materials or assignment briefs (where centre-devised) - *note that some qualifications require all assessment materials to be submitted for review; see the relevant Qualification Specification*	Assessment plans and individual learning plans or equivalent Delivery schedules and timetables Centre-devised assessment materials with mapping to qualification requirements and IQA sign-off
4.2	Learners are provided with accurate information, advice and guidance about their course, qualification, assessment requirements and quality assurance practices.	Sample learner handbook or induction materials Description of information, advice and guidance (IAG) arrangements	Learner induction materials in current use Records of IAG provided to individual learners Evidence that information provided to learners is accurate and up to date

Criterion		Evidence expected at initial application	Evidence assessed at EQA / on an ongoing basis
4.3	A range of assessment methods appropriate to the qualification and its learners is used, and individual assessment requirements are identified and met.	List of planned assessment methods Description of the process for identifying and meeting individual learner assessment needs	Centre-devised assessment materials demonstrating range and appropriateness Records of candidate access arrangements applied Evidence of provision made for learners with additional needs or disabilities
4.4	Assessment practices capture evidence efficiently and effectively in accordance with the CRAVES principles (Current, Reliable, Authentic, Valid, Ethical, Sufficient), with accurate and complete records maintained.	Description of intended assessment practices and record-keeping arrangements	Completed assessment records, including dated and signed assessment plans, feedback records, mark sheets, progress tracking and achievement sign-off documents
4.5	Assessment decisions are valid, reliable and consistent with the qualification standards set out in the relevant Qualification Specification.	Description of how assessment standards will be maintained, with reference to IQA arrangements	IQA sample records including feedback to assessors Evidence of standardisation activities and their outcomes Minutes of standardisation meetings
4.6	Where the qualification includes external controlled assessments, adequate procedures are in place for the secure receipt, storage and delivery of assessment materials, before, during and after each assessment session.	Description of secure storage and handling arrangements for assessment materials Description of procedures for pre-examination, during-examination and post-examination handling (including return or destruction of unused materials)	Written procedures for secure materials handling Evidence of secure storage facilities in use (e.g. locked cabinet, fireproof safe) Records of materials received, issued, returned and destroyed or deleted

Criterion		Evidence expected at initial application	Evidence assessed at EQA / on an ongoing basis
			Evidence of staff awareness of and compliance with security procedures
4.7	Suitable arrangements are in place to administer external assessments in line with GA's regulations and guidance.	Description of invigilation arrangements and how invigilators are briefed and confirmed as competent	Invigilation reports and seating plans Records of invigilators allocated to each session. Evidence that invigilators understand and follow GA's examination regulations
4.8	There is a process in place to notify GA promptly of any theft, loss or breach of confidentiality relating to secure assessment materials.	Description of the notification process, with reference to the Malpractice and Maladministration Policy	Records of any incidents reported to GA

5.5 Internal Quality Assurance Processes

Criterion		Evidence expected at initial application	Evidence assessed at EQA / on an ongoing basis
5.1	An IQA strategy is in place that sets out a clear rationale for sampling decisions, assessment verification practices and moderation activities.	Written IQA strategy, or a clear description of planned IQA arrangements and sampling rationale	IQA sampling strategy reviewed and kept current Records of planned and completed IQA activities Evidence of feedback given and corrective actions taken
5.2	Adequate arrangements are in place to ensure consistency and standardisation across all assessors, IQAs and delivery sites.	Description of standardisation arrangements, including how consistency across any	Minutes of standardisation meetings

Criterion		Evidence expected at initial application	Evidence assessed at EQA / on an ongoing basis
		satellite sites or additional venues will be maintained	Records of communications between assessors and IQAs across all sites Evidence of consistent assessment decision-making across the team
5.3	Assessors are provided with relevant support to achieve consistency in their assessments and receive accurate, actionable feedback on their performance.	Description of arrangements for assessor support, IQA feedback and development	IQA sample records with feedback provided to individual assessors Individual development plans and CPD records Evidence that feedback has been acted upon
5.4	Adequate time and opportunity is allocated for assessors, IQAs and other team members to meet and discuss assessment and quality assurance issues.	Description of the planned schedule for team meetings and standardisation activities	Records of meetings held, including frequency Evidence that development needs identified in meetings have been addressed
5.5	IQA activities ensure that evidence assessed is CRAVES; full records are kept and made available to the GA External Quality Assurer on request.	Description of planned IQA process and record-keeping arrangements	IQA sample plans and schedules IQA sample records, including feedback given to assessors Records of information disseminated following IQA activity EQA reports and evidence of actions taken in response
5.6	Where assessment or IQA decisions are made by a trainee or as-yet unqualified assessor or IQA,	Description of counter-signatory arrangements (required where trainee	Records of counter-signatory activity

Criterion		Evidence expected at initial application	Evidence assessed at EQA / on an ongoing basis
	all decisions are validated by a qualified, occupationally competent colleague.	assessors or IQAs are employed) Confirmation that all trainees are working towards the relevant assessor or IQA qualification	Evidence of trainee progress towards qualification Updated records as trainees become fully qualified
5.7	Processes are in place to prevent, identify and manage malpractice and maladministration by both staff and learners, and these are clearly communicated to all parties.	Malpractice and Maladministration Policy Description of how the policy is communicated to staff and learners at induction and throughout delivery	Evidence of malpractice prevention measures in use (e.g. in learner handbooks, assessor guidance, induction records) Records of any malpractice or maladministration incidents, investigations and outcomes Staff disciplinary and whistleblowing procedures Evidence that any incidents have been notified to GA as required

6 Qualification Approval

In addition to centre approval, centres must obtain qualification approval for each qualification they intend to deliver. Full criteria and any qualification-specific requirements are set out in the relevant GA Qualification Specification; centres must read the Qualification Specification carefully before applying.

The qualification approval criteria below reflect the same five areas as the centre approval criteria, but are assessed specifically in relation to the qualification(s) being applied for. Where a centre already holds approval for similar qualifications, the review will focus on the additional or different elements introduced by the new qualification.

Area	Evidence expected at initial application	Evidence assessed at EQA / on an ongoing basis
QA1 Staff Named staff meet the specific qualification and occupational competence requirements of the Qualification Specification for every role involved in delivery, assessment and IQA.	CVs, qualification certificates and CPD logs for all named staff Staffing table in the Application for Qualification Approval Form completed in full, with suitability statements Proposed assessor-to-learner and IQA-to-assessor ratios stated Counter-signatory arrangements described (if trainee assessors or IQAs are employed)	Up-to-date staff records for all delivery and IQA staff Evidence of ongoing CPD relevant to the qualification Records confirming trainees are working towards required qualifications
QA2 Resources and Facilities Physical facilities, equipment and resources meet the requirements of the Qualification Specification, are sufficient for the planned volume of delivery, and comply with relevant health and safety and safeguarding requirements.	Description of facilities and equipment available Evidence of specialist equipment where specified (e.g. photos) Confirmation of health and safety compliance Evidence of online delivery capability (if applicable) Examination room details and photos (if controlled assessment applies)	Continued adequacy of facilities and equipment as delivery volumes change Maintenance records Verification of examination venue suitability at EQA
QA3 Delivery and Assessment Delivery and assessment are planned in line with the Qualification Specification; assessment methods are appropriate; learners receive adequate	Sample assessment materials or assignment briefs (note: some qualifications require all assessment materials - refer to the Qualification Specification) Sample learner handbook or induction materials	Assessment plans, records and tracking documentation in use Evidence of IAG provided to learners Records of candidate access arrangements applied

Area	Evidence expected at initial application	Evidence assessed at EQA / on an ongoing basis
information, advice and guidance; and individual assessment requirements are identified and met.	List of planned assessment methods Marketing materials for the qualification (links or copies) Description of learner support and IAG arrangements	Marketing materials reviewed for accuracy at EQA
QA4 Internal Quality Assurance IQA arrangements are appropriate for the qualification type, volume and assessment model, and assessors receive regular feedback and support.	Description of IQA arrangements specific to this qualification, including sampling rationale and standardisation plans	IQA sample plans and records Standardisation meeting minutes Assessor feedback records Evidence of consistent and reliable assessment decisions
QA5 External Assessment Where the qualification includes controlled examinations (paper-based or online), the centre's examination venues, security arrangements and invigilation procedures meet GA's requirements. *This criterion is not applicable where the qualification does not include controlled assessment.*	Examination room descriptions, capacities and photos (paper-based) Details of online examination arrangements (online) Description of security arrangements for receipt, storage and handling of examination materials Confirmation of awareness of all relevant GA online examination documentation (online)	Invigilation reports and seating plans Evidence of secure materials handling Records of any security incidents and corrective actions

7 Additional Approvals

7.1 Additional qualification approvals

Existing approved centres may apply to add further qualifications to their approval at any time by submitting an Application for Qualification Approval Form. The fee framework for additional qualification approvals is set out in Section 2.2. The qualification approval criteria in Section 6 apply to all additional qualification approval applications.

Where a centre is applying for a qualification in a new subject area or that introduces materially different delivery, assessment or resource requirements, the review will be more detailed. In some cases, an approval visit may be required before a decision can be made.

7.2 Satellite centres

Where a centre intends to deliver or assess qualifications from a site other than its main centre address, whether a permanent additional site or a regularly used secondary venue, it must apply for satellite centre approval by completing and submitting the Application for Satellite Centre Approval Form.

Satellite centres are subject to the same centre approval criteria as the main centre. GA may require a visit to a satellite centre before granting approval.

7.3 Additional examination and assessment venues

Where a centre wishes to use a site hired or used on a part-time or ad hoc basis for the purpose of external examination delivery or workplace assessment, it must complete and submit the relevant form:

- Application for an Examination Venue Approval Form - for external examination venues
- Application for an Assessment Venue Approval Form - for workplace or other assessment venues

Examination venues must meet the physical requirements set out in criterion 3.6 (Section 5.3) and in the relevant Qualification Specification.

8 After Approval

8.1 Additional Approvals

The centre approval criteria in Section 5 apply throughout the life of the approval, not only at the point of initial application. Approved centres are responsible for ensuring their continued compliance with the criteria and must not wait for an EQA visit to identify and address issues.

GA will monitor ongoing compliance through external quality assurance activities, as set out in the GA Quality Assurance Policy, the GA CASS Strategy and the GA General Moderation Policy.

8.2 Notifying GA of changes

Centres must notify GA promptly of any changes that may affect their ability to maintain centre or qualification approval. This includes, but is not limited to:

- Changes to key personnel (Head of Centre, Main Contact, Assessors, IQAs, Examinations Officer, Finance Officer)
- Changes to the centre's address, delivery sites or examination venues
- Changes to the centre's legal status, ownership or company structure
- Significant changes to the centre's financial position
- New or changed conflicts of interest
- Any regulatory investigation, legal proceedings or sanction imposed by another body
- Any incident involving malpractice, maladministration or a breach of assessment security

Changes should be notified using the GA Centre Update Form, available on the GA website. Failure to notify GA of relevant changes may result in action being taken under GA's Sanctions Policy.

8.3 Where approval criteria are not met

Where GA identifies that an approved centre has failed to meet one or more of the approval criteria, the usual first step is the issue of an action plan setting out the steps the centre must take to return to compliance, with a defined timescale.

GA will apply sanctions where an action plan is not completed within the agreed timescale, where non-compliance is considered severe enough to threaten the validity, integrity or reputation of a qualification or of GA as an awarding organisation, or where an incident has occurred that has led — or is likely to lead - to adverse effects for learners.

In serious cases, failure to remedy non-compliance may result in the suspension or withdrawal of centre approval, qualification approval, or both.

Full details of how GA manages non-compliance are set out in the GA Sanctions Policy and the GA Malpractice and Maladministration Policy, both available on the GA website.

Document Specification	
Purpose	To provide prospective and existing GA-approved centres with the criteria for gaining and maintaining centre and qualification approval.
Accountability	GA Governance Committee
Responsibility	Director
Version	V7
Effective from	June 2026
Indicative review date	June 2028
Links to Ofqual GCR	Section C, Section H
Other relevant documents	GA Centre Handbook GA Centre Approval Policy and Procedure GA Quality Assurance Policy GA CASS Strategy and General Moderation Policy GA Sanctions Policy GA Malpractice and Maladministration Policy