**Application for Qualification Approval Form**

1. **Important Information**

**Who should use this form?**

a) new Applicant Centres, submitting this *Application for Qualification Approval Form* need alongside their *Application for Centre Approval*

b) existing Approved Centres who wish to apply for additional qualification approval(s).

**Submitting your application**

**Centres operating directly under GA UK** should email completed form plus any supporting documentation to [approvals@gatehouseawards.org](mailto:approvals@gatehouseawards.org).

**Centres operating via a GA Regional Representative** should email completed form plus any supporting documentation to their nominated centre contact.

Your application will be reviewed by a member of our approvals team, who may request additional information. The *Centre and Qualification Approval Procedure* contains further information on the qualification approval process.

1. **Centre Details**

|  |  |
| --- | --- |
| Centre Name |  |
| Centre Number\* |  |
| Head of Centre |  |
| Examinations Officer |  |

*\*for existing Approved Centres only.*

1. **Qualification Approval Request and Staff Details**

**Qualification 1**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Qualification Title** |  | | | | **Qualification Number** | | |  | | |
| **Qualification Level** |  | | | | **Proposed start Date** | | | **DD/MM/YYYY** | | |
| **Registrations** | **Year 1** |  | | **Year 2** |  | | **Year 3** | |  | |
| **Qualification Delivery Staff Details** | | | | | | | | | | |
| **Staff name** | | | **Role** (e.g. Assessor / Moderator / Interlocutor / Invigilator) | | | **Summary of relevant experience and qualifications** | | | | **CV supplied?** |
| 1. | | |  | | |  | | | | Yes  No |
| 2. | | |  | | |  | | | | Yes  No |
| 3. | | |  | | |  | | | | Yes  No |
| 4. | | |  | | |  | | | | Yes  No |
| 5. | | |  | | |  | | | | Yes  No |
| 6. | | |  | | |  | | | | Yes  No |

*Add more rows if necessary.*

|  |  |
| --- | --- |
| **Are you planning to deliver or assess this qualification in satellite centres or assessment sites other than your registered address?** | Yes  No |
| If YES, please include the details of the satellite centres or examination venues here: | |

**Qualification 2**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Qualification Title** |  | | | | **Qualification Number** | | |  | | |
| **Qualification Level** |  | | | | **Proposed start Date** | | | **DD/MM/YYYY** | | |
| **Registrations** | **Year 1** |  | | **Year 2** |  | | **Year 3** | |  | |
| **Qualification Delivery Staff Details** | | | | | | | | | | |
| **Staff name** | | | **Role** (e.g. Assessor / Moderator / Interlocutor / Invigilator) | | | **Summary of relevant experience and qualifications** | | | | **CV supplied?** |
| 1. | | |  | | |  | | | | Yes  No |
| 2. | | |  | | |  | | | | Yes  No |
| 3. | | |  | | |  | | | | Yes  No |
| 4. | | |  | | |  | | | | Yes  No |
| 5. | | |  | | |  | | | | Yes  No |
| 6. | | |  | | |  | | | | Yes  No |

*Add more rows if necessary.*

|  |  |
| --- | --- |
| **Are you planning to deliver or assess this qualification in satellite centres or assessment sites other than your registered address?** | Yes  No |
| If YES, please include the details of the satellite centres or examination venues here: | |

**Qualification 3**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Qualification Title** |  | | | | **Qualification Number** | | |  | | |
| **Qualification Level** |  | | | | **Proposed start Date** | | | **DD/MM/YYYY** | | |
| **Registrations** | **Year 1** |  | | **Year 2** |  | | **Year 3** | |  | |
| **Qualification Delivery Staff Details** | | | | | | | | | | |
| **Staff name** | | | **Role (e.g. Assessor / Moderator / Interlocutor / Invigilator)** | | | **Summary of relevant experience and qualifications** | | | | **CV supplied?** |
| 1. | | |  | | |  | | | | Yes  No |
| 2. | | |  | | |  | | | | Yes  No |
| 3. | | |  | | |  | | | | Yes  No |
| 4. | | |  | | |  | | | | Yes  No |
| 5. | | |  | | |  | | | | Yes  No |
| 6. | | |  | | |  | | | | Yes  No |

*Add more rows if necessary.*

|  |  |
| --- | --- |
| **Are you planning to deliver or assess this qualification in satellite centres or assessment sites other than your registered address?** | **Yes  No** |
| **If YES, please include the details of the satellite centres or examination venues here:** | |

1. **Existing Approvals**

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| --- | --- |
| 4.1 Are you applying for a qualification that you are already delivering through another awarding organisation? | Yes  No  *(If NO, now go to section 5)* |
| 4.2 Through which awarding organisation do you offer the qualification(s)? |  |
| 4.3 Please attach evidence of qualification approval (Ideally this will be the two most recent quality assurance/moderation reports to include this qualification and should be within the last two years) | Submitted |
| 4.4 Have you ever had registration or certification status removed or suspended for this qualification? | **Yes  No**  *(If NO, now go to section 5)* |
| 4.5 If Yes above, date when status was removed/suspended |  |
| 4.6 Please provide a brief explanation of why registration and/or certification status was removed/suspended and what corrective actions have been taken |  |

1. **Delivery and Quality Assurance Arrangements**

5.1 Please explain how the qualification(s) will fit into and complement your existing curriculum.

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5.2 Is the centre proposing to work in partnership with any other organisations for the delivery of these GA qualifications? If so, provide details of the roles and responsibilities of each party.

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1. **Resources and Staff Development**

6.1 Please provide a brief description of your facilities, equipment and other resources available at your centre for staff and for learners.

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6.2 Please provide a brief description of arrangements in place for staff support and development for all staff involved in the delivery of these qualifications.

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1. **Teaching and Learning Arrangements**

7.1 Please describe the centre’s teaching and learning arrangements for these qualifications.

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1. **Assessment Arrangements**

8.1 Please describe the centre’s assessment arrangements for these qualifications.

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1. **Internal Moderation and Quality Assurance Arrangements**

9.1 Please provide a brief description of the centre’s internal quality assurance arrangements for these qualifications.

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9.2 Please provide a brief description of the centre’s arrangements for the prevention, identification and management of maladministration and malpractice.

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1. **External Assessment Requirements\***

**\*PLEASE ONLY COMPLETE SECTION 10 IF THE QUALIFICATION(S) THE CENTRE IS SEEKING APPROVAL FOR INCLUDES ASSESSMENT WHICH INVOLVES EXTERNAL CONTROLLED EXAMINATIONS.**

10.1 Centres are advised that not all external controlled examinations are available online and should refer to the relevant GA Qualification Specification for full details.

Please complete the relevant Table, A or B, below. Where both paper-based and online are available and where centres are seeking approval to offer **both** examination formats for the qualifications contained within this *Qualification Approval Application Form*, both Table A and Table B should be completed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table A: For Paper-Based Examination Formats** | | | |
| Is disabled access available? | Yes ☐ | Details: | |
| No ☐ |
| Is there a separate reception /  waiting area? | Yes ☐ | Details: | |
| No ☐ |
| Examination Rooms (N.B. the minimum distance between each candidate is 1.25 meters and all candidates need to be seated facing the same direction) | | | |
| Room 1 maximum capacity |  | Room 2 maximum. capacity |  |
| Photographs included | ☐ | Photographs included | ☐ |
| Room 3 maximum capacity |  | Room 4 maximum capacity |  |
| Photographs included | ☐ | Photographs included | ☐ |
| Please confirm that each examination room you propose to use has the following resources available | | | |
| Whiteboard ☐ Wall Clock ☐ Suitable Signage ☐ | | | |
| Is there audio recording equipment available? | | Yes ☐ No ☐ | |
| Are the examination rooms suitably quiet? | | Yes ☐ No ☐ | |

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| **Table B: For Online Examination Formats** | | |
| The centre intends to deliver online examinations: | on-site ☐  remotely ☐  both on-site and remotely ☐ | |
| Please confirm that the centre has sufficient equipment and resources to set up and deliver online examinations (please detail below): | | |
|  | | |
| Please confirm you are aware of the following policies, procedures and/or documents and understand these must be made available and fully understood by centre staff: | | |
| Regulations for Conducting Online Examination**s** | | Yes ☐ No ☐ |
| Practical Guide to Conducting Online Examinations | | Yes ☐ No ☐ |
| Safe Exam Browser | | Yes ☐ No ☐ |
| Technology Requirements for GA Online Examinations | | Yes ☐ No ☐ |

10.2 Please provide a brief description of the Centre’s arrangements for maintaining the security of secure assessment materials *(prior to, during and after examination sessions).*

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10.3 Please confirm that the centre has the following arrangements in place to support the delivery of external controlled examinations:

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| **External Assessment Requirement** | **Confirm** |
| The centre has arrangements in place for the secure receipt of exam papers. | ☐ |
| The centre has arrangements in place for the secure storage of exam papers prior  to use. | ☐ |
| The centre has arrangements in place for the security of exam materials immediately prior to use (i.e. providing materials to the invigilator). | ☐ |
| The centre has a clear understanding of the security arrangements for delivery of controlled exams. | ☐ |
| The centre has arrangements in place for the secure administration of exam materials both pre- and post-delivery. | ☐ |
| The centre understands that they must be able to provide video for any exam within 2 working days of the request (\*ESOL International Only). | ☐ |
| The centre has arrangements in place for the destruction of unused exam materials and deletion of any digital files. | ☐ |
| The centre has a process in place to notify GA where there has been a theft or other loss, or breach of confidentiality in any secure assessment materials. | ☐ |

**SECTION 11 – Declaration**

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| This application form must be signed and dated by the Head of Centre. | |
| I hereby confirm that the information provided is accurate and a true reflection of our centre’s current status. I understand that, should any information provided be found to be incomplete or inaccurate, this could have a detrimental effect on our centre’s approval with GA. I further confirm that our centre agrees to and is bound by the GA Terms and Conditions of Business, together with any and all relevant policies, procedures and requirements as published by GA and notified to us including, but not limited to:  • The Conflict of Interest Policy  • The Malpractice and Maladministration Policy and Procedure  • The Centre Handbook  • The Whistleblowing Policy  • The Appeals Policy & Procedure  • The Comments, Compliments and Complaints Policy and Procedure  • The Candidate Access Policy and Procedure  • Any relevant Qualification Specification  • The CASS and Moderation Policy and Procedure | |
| Signed by Head of Centre |  |
| Print Name |  |
| Date | DD / MM / YYYY |