**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* to GA for their initial approval

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

**Completing this form**

Centres should refer to the *GA Centre Approval Criteria and Guidance*, alongside the relevant *GA Qualification Specification*, for further information about the requirements of qualification approval.

**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 *GA Centre and Qualification Approval Procedure* contains further information on the qualification approval process.

1. **Centre Details**

|  |  |
| --- | --- |
| Centre Name |  |
| Centre Number\* |  |
| Head of Centre |  |
| Centre Coordinator *(Main Contact)* |  |

*\*for existing Approved Centres only.*

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

**Qualification 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Qualification Title |  | | | |
| Qualification Number |  | Qualification Level(s) |  | |
| Proposed Start Date |  | Expected Number of Candidates in Year 1 |  | |
| In Year 2 |  | In Year 3 |  | |
| Qualification Delivery & Quality Assurance Staff Details:*Please give details of key/lead staff. Staffing requirements are listed in the relevant Qualification Specification.* | | | | |
| Staff name | Role*(e.g. Assessor / Interlocutor / Invigilator / other – please specify)* | Summary of relevant experience and qualifications | | Confirm relevant certificate copies are attached |
| 1. |  |  | | Yes |
| 2. |  |  | | Yes |
| 3. |  |  | | Yes |
| 4. |  |  | | Yes |
| 5. |  |  | | Yes |
| 6. |  |  | | Yes |

*Please add rows if required*

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

**Qualification 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Qualification Title |  | | | |
| Qualification Number |  | Qualification Level(s) |  | |
| Proposed Start Date |  | Expected Number of Candidates in Year 1 |  | |
| In Year 2 |  | In Year 3 |  | |
| Qualification Delivery & Quality Assurance Staff Details:*Please give details of key/lead staff. Staffing requirements are listed in the relevant Qualification Specification.* | | | | |
| Staff name | Role*(e.g. Assessor / Interlocutor / Invigilator / other – please specify)* | Summary of relevant experience and qualifications | | Confirm relevant certificate copies are attached |
| 1. |  |  | | Yes |
| 2. |  |  | | Yes |
| 3. |  |  | | Yes |
| 4. |  |  | | Yes |
| 5. |  |  | | Yes |
| 6. |  |  | | Yes |

*Please add rows if required*

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

**Qualification 3**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Qualification Title |  | | | |
| Qualification Number |  | Qualification Level(s) |  | |
| Proposed Start Date |  | Expected Number of Candidates in Year 1 |  | |
| In Year 2 |  | In Year 3 |  | |
| Qualification Delivery & Quality Assurance Staff Details:*Please give details of key/lead staff. Staffing requirements are listed in the relevant Qualification Specification.* | | | | |
| Staff name | Role*(e.g. Assessor / Interlocutor / Invigilator / other – please specify)* | Summary of relevant experience and qualifications | | Confirm relevant certificate copies are attached |
| 1. |  |  | | Yes |
| 2. |  |  | | Yes |
| 3. |  |  | | Yes |
| 4. |  |  | | Yes |
| 5. |  |  | | Yes |
| 6. |  |  | | Yes |

*Please add rows if required*

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

**If more than 3 separate qualifications, or suites of qualifications, are required: please copy and past the tables above to continue.**

1. **Existing Approvals**

|  |  |  |
| --- | --- | --- |
| 4.1 Do you already hold approval for the above qualification(s) (or equivalent qualifications) through another awarding organisation? | | Yes  No  *(If NO, go to section 5. If YES, complete the details below)* |
| Awarding Organisation | Approved for (qualifications/areas) | Approved since |
|  |  |  |
|  |  |  |
| If you are already approved by another organisation for equivalent qualifications to those you are applying for, please supply evidence of approval.  Please note, supporting evidence could include:   * the last External Quality Assurance (EQA) report(s) from the current or the previous academic year covering the same or equivalent qualifications to those requested * a confirmation letter that this site has been visited/inspected and given approval as a result, with a confirmation of these, or equivalent, qualifications have been approved for delivery | | |
| 4.2 List of supporting evidence submitted: | | |
| *1.*  *2.*  *3.*  *(continue list if required)* | | |
| 4.3 Have you ever had registration or certification status removed or suspended for this, or an equivalent, qualification? | | Yes  No  *(If YES, supply full details below)* |
|  | | |
| 4.4 Does the centre currently have any sanctions or suspensions imposed by another awarding organisation? | | Yes  No  *(If YES, supply full details below, including details of any corrective action taken)* |
|  | | |

1. **General**

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| --- |
| 5.1 Outline how the qualification(s) will fit into and complement your existing curriculum. |
|  |

1. **Physical and Staff Resources**

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| --- |
| 6.1 What facilities, equipment and other resources required to support the delivery of this qualification are available at your centre? |
|  |
| 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. |
|  |

1. **Delivery and Assessment Practices**

|  |
| --- |
| 7.1 Please describe the centre’s teaching, learning and assessment arrangements for the qualification(s). |
|  |

1. **Internal Quality Assurance Processes**

|  |
| --- |
| 8.1 Please describe the centre’s internal quality assurance arrangements for the qualification(s). |
|  |
| 8.2 Please describe the centre’s arrangements for the prevention, identification and management of maladministration and malpractice. |
|  |

1. **External Assessment Requirements**

**Please only complete section 9 if the qualification(s) the centre is seeking approval for includes assessment which involves external controlled examinations (paper based or online).**

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 ☐ No ☐ | Is there a separate reception / waiting area? | | Yes ☐ 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 capacity |  | Photo included | | ☐ |
| Room 2 capacity |  | Photo included | | ☐ |
| Room 3 capacity |  | Photo included | | ☐ |
| Please confirm that each examination room you propose to use has the following resources available | | | | |
| Whiteboard ☐ Wall Clock ☐ Suitable Signage (exam room notices, etc) ☐ | | | | |
| Is there audio recording equipment available? | | | Yes ☐ No ☐ | |
| Are the examination rooms suitably lit and quiet? | | | Yes ☐ No ☐ | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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: | | | | |
| GA Regulations for Conducting Online Examinations | | | Yes ☐ No ☐ | |
| GA Practical Guide to Conducting Online Examinations | | | Yes ☐ No ☐ | |
| GA Technology Requirements for Online Examinations | | | Yes ☐ No ☐ | |
| Any other documentation pertaining to GA online examinations (as made available on the GA website) | | | Yes ☐ No ☐ | |

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| **For BOTH paper-based and online examination delivery** |
| 9.2 Please provide a brief description of the centre’s arrangements for maintaining the security of controlled assessment materials *(prior to, during and after examination sessions).* |
|  |

|  |  |
| --- | --- |
| 9.3 Please confirm that the centre has the following arrangements in place to support the delivery of controlled examinations: | |
| 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 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. | ☐ |

1. **Declaration**

|  |  |
| --- | --- |
| 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. | |
| Signed by Head of Centre |  |
| Print Name |  |
| Date | DD / MM / YYYY |