

APPLICATION FORM TO BECOME AN APPROVED TRAINING CENTRE

Note: Please also use the 'Pre-Audit Checklist' (PQ002) together with this form, as an Internal Assessment Tool Before your Official Audit.

Section 1

Centre Name and Address:			
Post Code:			
The name of the Accountable individual at the centre for Quality Assurance and Management of the assessment of units and qualifications.			
Lead Assessor/Trainers Name:			
Telephone:		Fax:	
E-mail:		Website:	
Centre's unique UKPRN (If applicable) [unique identifier allocated to institutions by the UK Register of Learning Providers (UKRLP)]			
A. Other Centre Information?			

B. Please give some brief details about the candidate in-take over the next 3 years and how you will market your services, if a marketing plan is in place, please provide a copy.

Section 2

Type of Centre	
Please tick the relevant box(es) below to indicate what type of organisation the centre is.	
Employer	<input type="checkbox"/>
HM Prison / Young Offenders' Institution	<input type="checkbox"/>
FE/College	<input type="checkbox"/>
University	<input type="checkbox"/>
School	<input type="checkbox"/>
Hospital	<input type="checkbox"/>
Local Government/Central Government	<input type="checkbox"/>
Armed Services	<input type="checkbox"/>
Government Agency	<input type="checkbox"/>
Private training provider	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>
Is your company a registered company? Please provide your company registration number here.	
Do you have a Training and Development Plan in place? if so, please provide a copy	

Trainers / Tutors / Assessor(s) / Lead Assessor	Qualifications: QCF/NVQ 1,2,3 A1/A2 or V1/VS (Other)

Section 3

Address to send Invoices:	
Address:	
Postcode:	
Telephone No:	
Email Address:	

Questions about your Training Centre Operations

Are there operational arrangements and reviews to ensure that equipment, procedures and the environment are sufficient, safe and fit for use? Please give details.
A. Where required, are there Disability Access Facilities?
B. Is there an Equality & Diversity Policy in place and is it reviewed annually?
C. Is there a Health & Safety Policy in place and is it reviewed annually?

Section 4

DECLARATION: I confirm that all the information provided in support of this centre application is correct.

Name:	
Position in the company:	
Signature: .	
Date:	
Manager/Company Director:	
Name:	
Position in the company:	
Signature:	
Date:	

Office Use Only:	
Application Processed by:	
Approved Centre No:	
Audit Responsibility:	
Date Processed:	

Please remember to complete the 'Pre-Audit Checklist' (PQ002)

Please return this form to:

UK Cleaning Professionals Academic Service
Leighton House
Leighton Yard
Wellingborough
NN8 4JU
United Kingdom

Or Scan and Email to:

info@ukcpas.co.uk