# Qualification Approval Form

This form should be completed by centres wishing to extend their approval for SFJ Awards Qualifications they are approved to offer. Please refer to SFJ Awards Centre Handbook and the respective Qualification Handbook. All fields are mandatory.

|  |
| --- |
| **Contact Details** |
| Centre Name |  |
| SFJ Awards Centre Number *(if known)* |  |
| Centre Contact | First Name |  |
| Surname |  |
| Email address |  |
| Contact Number |  |

|  |
| --- |
| **Qualification Details** – *please enter the details of the qualification(s) you are seeking approval* |
|  | Please tick if available to internal staff only | Projected Learner Registrations | Proposed Start Date |
| 1st Year | 2nd Year |
| Qualification Name |  |  |  |  |  |
| Level |   |  |  |  |  |
| Qualification Code |  |  |  |  |  |
|  |  |  |  |
| Qualification Name |  |  |  |  |  |
| Level |  |  |  |  |  |
| Qualification Code |  |  |  |  |  |
|  |  |  |  |
| Qualification Name |   |  |  |  |  |
| Level |  |  |  |  |  |
| Qualification Code |  |  |  |  |  |
|  |  |  |  |
| Qualification Name |  |  |  |  |  |
| Level |  |  |  |  |  |
| Qualification Code |  |  |  |  |  |
|  |  |  |  |
| Qualification Name |  |  |  |  |  |
| Level |  |  |  |  |  |
| Qualification Code |  |  |  |  |  |
|  |  |  |  |
| Qualification Name |  |  |  |  |  |
| Level |  |  |  |  |  |
| Qualification Code |  |  |  |  |  |

*Please add additional rows as appropriate*

# Staff Details:

Please enter the details of staff who will be involved in the **assessing** or **internal quality assurance (IQA)** of the qualification(s) you are seeking approval:

|  |
| --- |
| **Staff Details -** *You are required to nominate at least One Assessor and at least One IQA per qualification* |
| Qualification Title(s) | Assessor(s) | IQA(s) | Holds relevant assessor/IQA qualification(s) *(TAQA, A/V units, D32/33, D34 etc)*, is working towards, or has been appropriately trained to the TAQA standard**(Y/N)** | CVsupplied?**(Y/N)** | Qualification Certificate Copies supplied?**(Y/N)** | Relevant Professional Qualifications/Current and/or previous positions that demonstrate*occupational competence and experience* in this subjectarea**(Y/N)** |
| First Name | Last Name | First Name | Last Name |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

*Please add additional rows as appropriate*

|  |
| --- |
| **Existing Approval Details –** *this information may speed up your approval application* |
| Are you applying for a qualification that you are already approved to deliver through another awarding organisation? | Yes [ ]  No [ ] *If ‘Yes’ please detail below which awarding organisation and how long you have delivered the qualification with them* |
| Awarding Organisation |  |
| Duration |  |
| Please attach evidence of qualification approval *(This could be letters or other communications confirming current approval status)* |  |
| Please attach evidence of compliance(*the two most recent EQA reports to include this qualification and should be within the last two* *years)* |  |
| Do you have Direct Claims Status for this qualification? | Yes [ ]  No [ ]  |
| Have you ever had registration or certification status removed/suspended for this qualification? | Yes / No | Yes [ ]  No [ ]  |
| If ‘**Yes’** – please supply dates |
| If ‘**Yes’** - *please provide a brief explanation of why registration* *and/or certification status was removed/suspended and* *what corrective actions were taken* |  |

|  |
| --- |
| **Resources and Delivery Details** |
| Location(s) where the qualification will be delivered | Main Site [ ]  Satellite Sites [ ]  *(please list locations below)* |
| Satellite Sites (please list locations) | Satellite Sites – expected learner registrations in 1st year | Satellite Sites – expected learner registrations in 2nd year |
|  |  |  |
| Please confirm you have the physical resources to ensure you meet the requirements of the relevant assessment strategy and/or qualification handbook | Yes [ ]  No [ ]  (*if ‘No’ please provide details below)* |
| Please provide details of how the qualification will be delivered/assessed |  |
| Please describe the pre-delivery IQA checks you will carry out prior to the course starting (Pre-delivery IQA involves IQAs internally verifying the proposed assessment strategy, materials, tasks and assessment methods before they are given to learners to check that they fully map to the learning outcomes/assessment criteria, are fit for purpose, and to identify if any changes/modifications are required before they are used. Assessment materials and tasks should not be internally verified by the person who wrote/designed them). |  |
| Please provide details of how the qualification will be internally quality assured |  |

|  |
| --- |
| **Declaration** |
| [ ]  By submitting this form the signatory confirms and agrees that: * he/she is authorised to submit this form on behalf of the centre
* he/she has read the requirements stated in SFJ Awards Centre Handbook and the appropriate Qualification Handbook(s)
* the information provided in this approval application is complete and accurate
* if this application is accepted by SFJ Awards, it will be added as an addition to the centre agreement between the SFJ Awards and the centre
 |
| **Head of Centre Name** |  |
| **Date** |  |

Please submit this form and attachment electronically to qateam@sfjawards.com

Qualification Approval Applications will be responded to within 5 working days.

|  |
| --- |
| **EQA Use Only:** |
| **Reviewed By:** |  |
| **Role:***(EQA/**SFJ Awards QA Officer)* |  |
| **Date Reviewed:** |  |
| **Comments:** |  |
| **Outcome:** | [ ]  **Recommended** – meets criteria[ ]  **Not at this time** (*Actions to be addressed)*[ ]  **Declined** *(please add comment above)* |
| **A** = Action**R** = Recommendation | **Action Required / Recommendation** | **By Whom** | **By When** | Does the Action affect Centre Approval being recommended **(Y/N)** | If **‘Y**’ date completed |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*Please add additional rows as appropriate.*

|  |
| --- |
| **SFJ Awards Office Use Only:** |
| **Centre Notified:** | **Date:** |  |
| **By Whom:** |  |
| **SFJ Awards Comments:** |  |
| **Revised Outcome:***(if applicable)* | [ ]  **Recommended** – meets criteria.[ ]  **Not at this time** (*Actions to be addressed)*[ ]  **Declined** *(please add comment above)* | **Date Revised and Centre Notified:** |  |