

# Scottish Baccalaureate Interdisciplinary Project Unit Approval Application Form



## Introduction

**Important Note** – To complete this form electronically please make sure that you are using Adobe Reader 9 or later. This can be downloaded free of charge from the [Adobe website](#).

**Note** – all the details you complete in this form, as well as any supporting documents you send, will be treated as **private and confidential** by SQA.

### What this form is for

This form is for use by Schools and Colleges to apply for approval to offer one or more of the Interdisciplinary Project Units and Scottish Baccalaureate Group Awards. For guidance on how to complete this form please see the Guidance Notes available at: <http://www.sqa.org.uk/baccalaureates>.

## 01 Centre Contact Details

Please provide details for your centre:

Centre's full name

Centre number

SQA Coordinator

Phone number

Please include the area code e.g., +44 207 444 4444

Email address

## 02 Qualification you wish to Offer

Please select the Scottish Baccalaureate and Interdisciplinary Project Unit that you wish to be approved for along with an estimate of the number of annual entries you expect.

Qualification	Code and level	Approval required	Annual Entry Estimate
The Scottish Baccalaureate in Science and the Science: Interdisciplinary Project	G9CX 47 F785 47		
The Scottish Baccalaureate in Languages and the Languages: Interdisciplinary Project	G9CW 47 F784 47		
The Scottish Baccalaureate in Expressive Arts and the Expressive Arts: Interdisciplinary Project	GE9X 47 H187 47		
The Scottish Baccalaureate in Social Sciences and the Social Sciences: Interdisciplinary Project	GE9W 47 H186 47		

## Your Centre's System

Here we ask you about the systems, staff and procedures your centre has in place

### Quality process

Do you have a documented local quality process in place to support and standardise your internal assessment decisions for all Interdisciplinary Project Unit candidates

Yes	No	Working towards	Please tick if you require support
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			

### Staff

Do you have documented procedures in place to identify and recruit sufficient numbers of qualified / experienced staff to assess and internally quality assure assessments for all Interdisciplinary Project Unit candidates.

Yes	No	Working towards	Please tick if you require support
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			

### Physical resources

Do you have documented procedures in place to identify and acquire specific resources to support all Interdisciplinary Project Unit candidates

Yes	No	Working towards	Please tick if you require support
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			

### Partnership(s)

Do you have documented procedures in place to establish and confirm partnership agreement(s), where necessary, to resource any of the above.

Yes	No	Working towards	Please tick if you require support
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			

## 04 Additional Information

Please use this space to provide any additional information that is relevant to your application.

## 05 Certification Date

Please indicate the earliest date when you require candidate certification.

(mm/yy)

## 06 Declaration

Here we ask either your Head of Centre or your SQA Coordinator (as specified at the beginning of this form) to accept and date a declaration regarding the accuracy of this application.

I declare that, to the best of my knowledge, the information given in this approval application is correct and I agree that this centre will allow staff from SQA and relevant national agencies access to the centre, electronic assessment systems and sites where the qualifications is being offered to carry out external quality assurance activities in order that national standards can be monitored and maintained.

Please select one of the following responses:

I accept the declaration above.

I do not accept the declaration above.

Name

Date

Once this form has been completed please send it by email to: - [asv@sqa.org.uk](mailto:asv@sqa.org.uk)