




Supporting Document: Additional Qualification

Introduction

Note – all of the information you provide on this form will be treated as **private and confidential** by SQA.

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

What this form is for

This form should be completed if you are applying for approval to offer qualifications in more than one subject or occupational area. It should be submitted to SQA with your main Centre Approval Application form or Qualification Approval form.

Important Note

This form only accommodates qualifications in **one subject or occupational area**.

Business Development (BD) Contact Summary (SQA use only)

Centre Name

Centre City/Town

BD Contact Name

BD Contact Phone no.

BD Contact Email address

When you have finished...

Once this form is complete, please email it, with your main application, to **mycentre@sqa.org.uk**

Once we have received the completed form the Business Development and Customer Support team will let you know via email. If we find that we need more information, we will ask your SQA Coordinator to provide it.

01

Centre Contact Details

Please provide details for the main site/location or headquarters for your centre:

Centre's full name

Centre number (if available)

Name of SQA Coordinator

Phone number

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

Email address

Qualification(s) you wish to offer

Please tick the type of qualification you wish to offer

Higher National Qualification (HN)	
National Qualification (NQ) <i>including Skills for Work</i>	
Stand-alone Workplace Units	
Vocational Qualification (NVQ/SVQ)	
Other	

If you have selected NQ please indicate the earliest date when you require candidate certification (mm/yy)

If you have selected NVQ/SVQ please check this additional box if you can confirm that your centre has a copy of the assessment strategy and intends to meet all necessary criteria as specified by the Sector Skill Council / SSB

Unit Title	Code	Level
e.g. Manage your own resources and professional development	e.g. DR67	e.g. 04

03 Sites

Do you intend to offer any part of this qualification outside your Centre's main site/location?

Yes, please list below

No, go to question 04



Please ensure that you email a copy of your site selection checklist with your application. A template can be provided by the BD Contact if required.

	Site Name	File Name
1		
2		
3		
4		
5		

04 Partnership

Do you intend to offer any part of this qualification within a partnership with another organisation or centre?

Yes, please continue below No

Please give details of the partnership organisation

Name

Address

Post/Zip Code

Country

Phone number

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

Email address

Have you offered a qualification within this partnership before?

Yes No

Please ensure that you email a copy of your partnership agreement with your application. A template can be provided by the BD Contact if required.

Descriptive Document Name Your File name



Your Partnership Agreement	
----------------------------	--

SQA use only

BD Contact Confirmation

Name

Date

Use dd/mm/yyyy format e.g., 22/05/2007