




Qualification Approval Application Form

Introduction

Note – all the details you complete in this form, as well as any associated documents you send, are **private and confidential**.

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 and its supporting documents are to be used by an approved SQA centre to apply for approval to offer another SQA Qualification. It enables you to demonstrate your organisation's potential to meet the requirements for approval to offer this qualification.

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

Centre's full 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 any supporting documents, 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.

About Your Centre

Here we ask you to provide contact details for your centre.

01

Centre Contact Details

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

Centre's full name

Address

Town/City

Post/Zip Code

Country

Phone number

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

Email address

Website address <http://>

(if applicable) e.g., www.anonymous.co.uk

Previous Centre Experience

02

Prior approval refusals

Has your centre ever been refused approval to offer a qualification in this or other related subject area by another awarding body?

Yes, continue below

No, go to question 3

Please provide further details of the awarding body, qualification and date that the approval application was rejected.

03

Prior approval withdrawal or suspension

Has your centre ever had approval to offer a qualification in this or a related subject area withdrawn, or is currently suspended, by another regulatory or awarding body?

Yes, continue below

No, go to question 4

Please provide further details of the regulating or awarding body, qualification and date withdrawn or suspended

04

Prior Knowledge

Does your centre have previous experience of delivering SQA qualifications in this subject/occupational area?

Yes, please provide details

No, go to question 5

Qualification(s) you wish to offer


Here we ask you to provide details about the SQA qualification(s) you intend to offer, in order to meet the criteria for qualification approval.

Important Note

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

If you are intending to offer qualifications in more than one subject or occupational area (e.g., Administration AND Customer Service), you will need to fill out a separate **Qualifications Form** for **each area**, as details on the resources used to deliver the qualifications will differ.

This form is available from your Business Development Contact – see the front page of this form for details.

If you need more information on types of qualifications, please visit the [SQA website](#) 

If you are unsure about subject or occupational areas, please call the Business Development and Customer Support Team on 0303 333 0330 for advice.

05 Type of Qualification

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

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

07

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 8

Please ensure that you email a copy of your site selection checklist with your application. A template is provided if required.



	Site Name	File Name
1.		
2.		
3.		
4.		
5.		

08

Partnership

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

Yes, please continue below

No, go to question 09

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 is provided if required.

Descriptive Document Name

Your File name



Your Partnership Agreement

09

Appendices for Additional Qualifications

If you wish to offer more than one qualification and/or level you must complete the **Supporting Document: Qualification Details** for your additional qualifications

You will need to email us these additional documents with your application.

Enter the qualification title and file name for each appendix you will be emailing.



	Qualification Title	File name
1.		
2.		
3.		
4.		
5.		

Resource Details

Here we ask you to supply details of the resources you intend to use to support the assessment of the qualification(s) you wish to offer.

10

Accommodation

Please describe the accommodation you will be using.

11 **Equipment**

Please describe the equipment you will be using.


12 **Reference and learning materials**

Please describe the reference and learning materials you will be using.

Assessment Details

Here we ask you to supply details of assessment materials and provisions for e-assessment (if applicable) for the qualification(s) you wish to offer.

For more information on assessment, please see SQA's:

- [Guide to Approval](#) 
- [Guide to Assessment](#) 

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Assessment Methods

Please describe the assessment methods to be used.

14

Assessment Materials

Are you **only** offering National Qualifications which use materials from the National Assessment bank?

Yes, you do not need to submit any further information about assessment materials.
Go to question 15

No, please continue below

Please describe the assessment materials to be used.

15

E-assessment

Are any of the qualifications in this application e-assessed?

Please note that for some SQA qualifications, e-assessment is mandatory.

Yes

No, go to question 16

Please state which qualifications in this application you will be using e-assessment for:

Qualification Title	Code	Level

Is your centre already using one of SQA's e-assessment systems*?

(*SOLAR e-assessment system or *Safe Road User Online*)

Yes

No

If your SQA Co-ordinator is not already using one of our e-assessment systems we will set him/her up with a user account. He/she will be your centre's main contact for e-assessment.

A user is responsible for uploading candidates and scheduling assessments. If you would like any additional members of staff set up with user accounts for these qualifications, please state their names and e-mail addresses below.

When we create users on the e-assessment system, they will receive an e-mail containing a username and password which is required for logging in.

	Name	Email Address
1.		
2.		
3.		

16

Internal Quality Assurance Details

Here we ask you to supply details of how your centre's internal verification system applies to the assessment of the qualification(s) you wish to offer.

Has your centre prepared assessment material?

Yes, continue below

No, go to question 17

N/A, go to question 17

Has your assessment material been subject to internal verification?

Yes

No

Is the material available for scrutiny by SQA's External Verifier?

Yes

No

Please provide further information to describe how your centre's internal verification system specifically applies to the qualification(s) you wish to offer.

17 Staff Details

Please complete the table below for **all** members of staff who will be assessors and/or internal verifiers for the qualification(s) you wish to offer.

If the staff member is assessing or verifying **an entire qualification**, please provide the **qualification** code(s) and level(s) **only**.

If the staff member is assessing or verifying **specific units from a qualification** (i.e., a subset of the qualification, not the entire qualification), please provide the **unit** code(s) and level(s) **only**.

Ensure the codes and levels match those listed under Qualification Details.

Total number of Assessors

Total number of Internal Verifiers

Staff Member Name	is an Assessor	is an Internal Verifier	at this site (if applicable)
	for this Qualification/ these Units	for this Qualification/ these Units	
	e.g. G012 23, D123 04, ..	e.g. G012 23, D123 04, ..	

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Staff Member Name	is an Assessor	is an Internal Verifier	at this site (if applicable)
	for this Qualification/ these Units	for this Qualification/ these Units	
	e.g. G012 23, D123 04, ..	e.g. G012 23, D123 04, ..	

Important Note:- Please ensure that each member of staff who will be assessors and/or internal verifiers fills out a Standalone Form Appendix: Staff Qualifications and Experience.

18 Appendices for Staff Members

You will need to email us these additional documents with your application.

Enter the Staff Member name and file name for each appendix you will be emailing. This will help us identify your documents.

	Staff Member Name	File name
 1.		
2.		
3.		
4.		
5.		
6.		

If you have more than six relevant appendix documents to send, please compress/zip them into one file.

19 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 and on any accompanying documents is correct.

Please select one of the following responses:

I accept the declaration above.

I do not accept the declaration above.

Name

Date

BD Confirmation (SQA use only)

Name

Date

Use dd/mm/yyyy format

Confirmation Comments