# Qualification Approval Application National Qualifications

## What this form is for

This form and the associated attachments are an application for approval to offer a specific SQA Qualification. It enables your organisation to demonstrate its potential to meet the requirements for approval to offer a specific SQA qualification.

**Schools:**

NQ Courses (non auto-approved)
National Units (non auto-approved)
Skills for Work (SfW) courses (non auto-approved)
Awards  - applicable only for Scottish Studies; Scots Language; Religion, Beliefs & Values; Mental Health & Wellbeing; Modern Languages for Life & Work

**Employers and Training Providers:**

NQ Courses
National Units
Skills for Work (SfW) courses
Awards  - applicable only for Scottish Studies; Scots Language; Religion, Beliefs & Values; Mental Health & Wellbeing; Modern Languages for Life & Work

## How to use this form

This form is to be completed electronically. Please make sure that you are using Adobe Reader 9 or later. This can be downloaded free of charge from the Adobe website.

Certain supporting documents must be submitted with this form. These will be indicated by the symbol: - 📎

## When you have finished

Once this form is complete, please email it, with any supporting documents, to: approval.applications@sqa.org.uk

Once we have received the completed form and supporting documents we will let you know via email. If we find that we need more information, we will ask the person named as your SQA Coordinator to provide it.

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.

# About Your Centre

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

## 1 ▸ Centre Contact Details

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

Centre's Full Name

Centre Number

Address

Post/Zip Code                                    Country

Phone Number

Please indicate the area code

Email Address

Website Address

(If Applicable)          e.g. www.anonymous.co.uk

SQA Coordinator Name

Phone Number

Please include the area code

Email Address

## Previous Centre Experience

Here we ask you to provide details of centre approval given to you by other awarding bodies, and any experience in delivering qualifications or training.

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

Yes, please continue below          No, go to section 3

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

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

Yes, please continue below          No, go to section 4

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

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

Yes, please provide details          No, go to section 5

## Qualification(s) you wish to offer

*Important Note:-- This 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 **Qualification Approval Application** form for **each area**, as details on the resources used to deliver the qualifications will differ.*

## 5 ▸ Type of Qualification

Please tick the type of qualification you wish to offer

National Course

National Unit(s)

Skills for Work (SfW)

Awards - ☐
applicable only for Scottish Studies; Scots Language; Religion, Beliefs & Values; Mental Health & Wellbeing; Modern Languages for Life & Work

## 6 ▸ Qualification and Units

Qualification Title

e.g. Business Management

Product Code

e.g. C810 76

Projected number of
candidates within 1st Year

Date of planned first
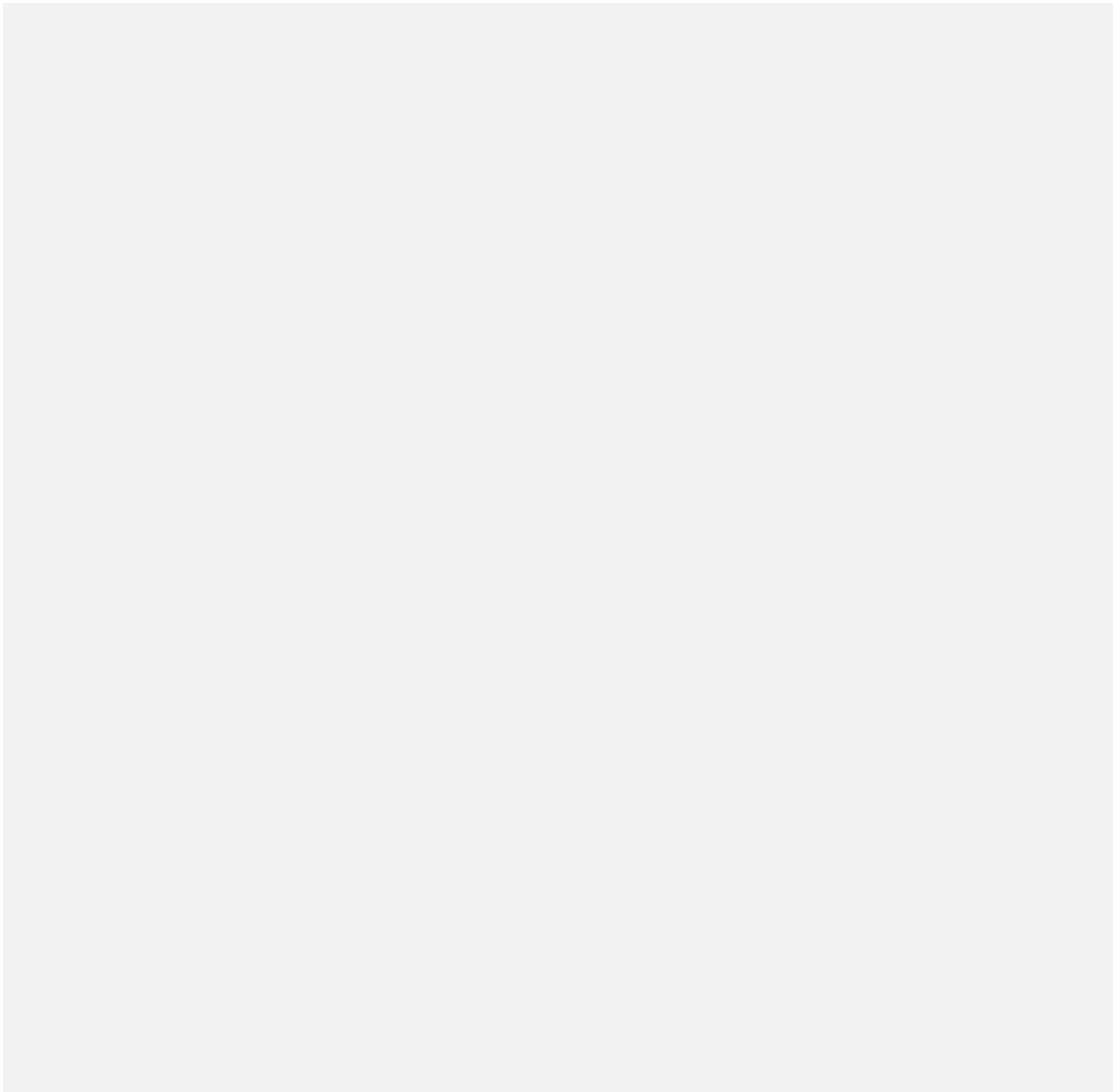certification

(mm/yyyy)

## 6a ▸ Constituent Units

**Unit Title**
e.g., Understanding Business

**Unit Code**
e.g, H20R 76

**6b** **Freestanding Units** If you wish to apply for freestanding units, not constituent units within a course.

**Unit Title**
e.g., Understanding Business

**Unit Code**
e.g, H20R 76

## 7 ▶ Appendices for Additional Qualifications

If you are applying to offer more than one qualification in the same subject or occupational area, you must complete a copy of the *Supporting Document: Additional Qualification* form for each additional qualification and email them to us with your application.

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

| Qualification Title | File Name |
| --- | --- |
| 📎 1. | |
| 📎 2. | |
| 📎 3. | |

## 8 ▶ Sites

Do you intend to offer any part of the qualification(s) at a site/location not owned by your Centre?

Yes, please list below          No, go to section 9

Please ensure that you send a copy of your site selection checklist (your SQA contact will provide a template, if required) for each additional site/location with your completed application, listing the file names below.

| Site Name | File Name |
| --- | --- |
| 📎 1. | |
| 📎 2. | |
| 📎 3. | |
| 📎 4. | |
| 📎 5. | |

**Partnership**

Do you intend to offer any part of the qualification(s) in partnership with another organisation or centre?

Yes, please continue below              No, go to section 10

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Please give details of the partnership organisation

Name

Address

Post/Zip Code                    Country

Phone Number

Please include the international and/or area code

Email Address

Please ensure that you send a copy of your partnership agreement (your SQA contact will provide a template, if required) with your completed application, listing the file name below.

**Descriptive Document Name**              **Your File Name**

> *Important information: Please check the relevant qualification page of the SQA website [NQ Subject Pages](#) for any Information About Obtaining Approval. If there are specific requirements stated here, you must reference these and explain how you will address them in the sections below and/or supporting documents.*

## 10 Resources

Please supply details of the management processes and the resources you intend to use to support the delivery of the qualification(s) you wish to deliver.

### 10.1 Assessment Environment(s)

Please describe your assessment site(s) which will be used to help candidates achieve the qualification(s) in full without restrictions and which ensures their health and safety and technical/specialist needs are provided for.

### 10.2 Equipment

Please describe the equipment which will be used to allow candidates to meet the requirements of the qualification(s).

**10.3** **Reference and Learning Materials**

Please describe the reference and learning materials which will be used to develop and maintain candidates' knowledge and/or skills in relation to qualification content.

**11** **Staff Details**

Each member of staff who will be an assessor and/or an internal verifier and/or preparing candidates for external assessment must complete a *Supporting Document: Staff Qualifications and Experience* form.

Using the table below, please complete the details for each staff member and send a copy of all staff supporting documents (your SQA contact will provide a template) with your completed application.

**For internally-assessed courses, units and course components:**
***Please note:***
- ***Staff members cannot internally verify their own assessment decisions.***
- *If the staff member is assessing or verifying **an entire course**, please provide the course code(s) and level(s) only in the staff support document.*
- *If the staff member is assessing or verifying **specific units from a course** (i.e., a subset of the qualification, not the entire qualification), please provide the unit code(s) and level(s) only in the staff support document.*

| Total Number of Assessors | Total Number of Internal Verifiers |
| --- | --- |
| | |

For courses which are fully externally-assessed, put N/A in the columns for assessor and internal verifier in the table below. The staff supporting document need only refer to the course which the members of staff will be delivering.

| | Staff member Name | Assessor | Internal Verifier | Site | File Name |
|---|---|---|---|---|---|
| 📎 1. | | | | | |
| 📎 2. | | | | | |
| 📎 3. | | | | | |
| 📎 4. | | | | | |
| 📎 5. | | | | | |
| 📎 6. | | | | | |
| 📎 7. | | | | | |
| 📎 8. | | | | | |
| 📎 9. | | | | | |
| 📎 10. | | | | | |

## 12 ▷ Internal Assessment and Verification

**For internally-assessed courses, units and course components:**
To demonstrate your centre's compliance against the Internal Assessment and Verification category, as detailed in the Quality Assurance Criteria, please 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 Assessment

## 12.1 ▷ Assessment Materials

Are you planning to offer National Qualification(s) (NQs) which use materials published by SQA on its secure site?

| | |
|---|---|
| Yes. You do not have to submit any further information about assessment materials, go to section 12.2 | No. Please describe below, the assessment material that will be used. |

## 12.2 ▷ Assessment Methods

Please describe the methods of assessment that will be used.

**12.3** **Internal Quality Assurance Details**

Have the assessment materials for the qualification(s) been developed by:

O SQA          O Your Centre          O Third Party

Please tick to confirm that the assessment material has been internally verified.

*Please note* - *If you have devised your own summative assessments for the units you are seeking approval for, or have significantly changed SQA's assessments to suit your centre's particular needs, please submit the assessment materials to SQA for Prior Verification*

Please tick to confirm that the assessment material will be available for scrutiny by SQA's Qualification Approver including the assessment recording materials, e.g. how evidence will be referenced to the outcome/standard.

Please tick to confirm that arrangements are in place for standardisation relating to the qualification(s)

**12.4** **E-Assessment**

Some SQA qualifications are externally assessed using e-assessment systems, such as SOLAR and Safe Road User Online.

If e-assessment is available for the qualification(s) you are approved for, does your centre require access to this resource

O Yes                    O No

**13** **NQ Courses which are externally assessed**

**Conditions and Conduct of Assessment**

*Important information: Please check the Course Specification on the relevant qualification page of the SQA website: NQ Subject Pages for details of the external assessment(s) for the qualification you are applying for approval to offer.*

**13.1** Are you already approved to offer other SQA qualifications which include externally-assessed question papers?

O Yes, go to section 13.3          O No, go to section 13.2, then 13.3

**13.2** If your centre has never delivered external assessments before, please complete a Supporting Document National Course External Assessment Application (your SQA contact can provide a copy of this form)

**Descriptive Document Name**          **File Name**

📎

**13.3** Have you read and understood the instructions for conducting assessment and conditions of assessment for external assessments in the qualification (question paper/assignment/ project/performance) within the Course Specification?

O Yes          O No

**13.4** Do you confirm that you will meet all the required conditions of assessment for external assessments in the qualification (question paper/assignment/project)?

O Yes          O No

*Important information: Breaching conditions of assessment in external assessments would constitute candidate and/or centre malpractice and could result in sanctions being imposed on your centre and potentially withholding or revoking of candidate certification by SQA.*

**14** ▸ **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:

O I accept the declaration above.

O I do not accept the declaration above.

Name                                                                    Date

                                                                                dd/mm/yyyy

## Business Development (BD) Contact Summary

BD Contact Name

BD Contact Phone
Number

BD Contact Email
Address

## BD Confirmation

Name

Date

Confirmation Comments