



Qualification Approval Application (Quality Framework)



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.

If you need further information about the approval process, you can read the following SQA documents:

- [Guide to Approval](#) 
- [SQA's Quality Framework](#) 

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 include the area code

Email Address

Website Address <http://>

(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Has your centre ever had approval to offer a qualification in this or a related subject area withdrawn, or suspended, by another regulatory or awarding body?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. This form is available from your SQA Contact

5

Type of Qualification

Please tick the type of qualification you wish to offer

National Qualification (NQ)	
Skills for Work (SfW)	
Stand-alone Units	
Other (please detail)	

If you have selected National Qualification (NQ) or Skills for Work (SfW) please indicate the earliest date when you require candidate certification.

(mm/yy)

6 Qualification and Units

If you are providing **stand-alone units** independent of a qualification, please put 'not applicable' as the Qualification Title.

Qualification Title

e.g. Management

Product Code

e.g. GB1T 23

Projected number of candidates within 1st year

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

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

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.		

9 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

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



Your Partnership Agreement

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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 Staff Details

Each member of staff who will be an assessor and/or an internal verifier 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.

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.
- 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.

Total number of Assessors

Total number of Internal Verifiers

	Staff Member Name	Assessor	Internal Verifier	Site	File name
 1.					
 2.					
 3.					
 4.					
 5.					
 6.					
 7.					
 8.					
 9.					
 10.					

10.2 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.

10.3 Equipment

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

10.4 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 Internal Assessment and Verification

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

11.1 Assessment Materials

Are you offering National Qualification(s) (NQs) which use materials from the National Assessment Bank?

Yes. You do not have to submit any further information about assessment materials, go to section 11.2.

No. Please describe the assessment material that will be used, below.

11.2 Assessment Methods

Please describe the methods of assessment that will be used.

11.3 Internal Quality Assurance Details

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

SQA

Your Centre

Third Party

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

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)

11.4 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

Yes

No

12 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

dd/mm/yyyy

SQA use only

Business Development (BD) Contact Summary

BD Contact Name

BD Contact Phone number

BD Contact Email address

BD Confirmation

Name

Date

dd/mm/yyyy

Confirmation Comments