


Devolved Authority Qualification Approval Application Form

What this form is for

This form is to be used by an approved SQA centre, with devolved authority, to request a Group Award and/or Units to be added to its centre's approved list.

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](#) 

When you have finished

Once this form is complete, please email it to asv@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.

1. About Your Centre

Centre Contact Details

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

Centre's full name

Centre number

SQA Co-ordinator

Phone number

Please include the area code e.g., +44 141 123 4567

Email address

3. 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

4. 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.

We have followed internal approval procedures and request SQA to add the above award and Units to SQA's approval records for our centre.

I have read and have a clear understanding of the current Assessment Strategy pertaining to the SVQ(s) involved in this notification of approval and intend to comply with its contents. This includes any additional requirements for the occupational competence of Assessors/Verifiers, performance evidence and the use of simulation.

Please select one of the following responses:

I accept the declaration above.

I do not accept the declaration above.

Name

Date