

Qualification Approval Application



What this form is for

This form and the associated attachments enable 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 on the quality assurance pages of SQA's website:

- Systems and Qualification Approval: Guide for Centres (guidance on how to complete the application form, the quality assurance criteria and the documentary evidence requirements)
- Quality Assurance Criteria – SQA Advanced/Higher National and vocational qualifications
- Internal Verification: Information for Centres Delivering SQA Qualifications
- Internal Verification Toolkit
- Guide to Assessment

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.

When you have finished

Once you have completed this form please email it, with the supporting documents, to;

- If you are a centre based in the UK: approval.applications@sqa.org.uk
- If you are a centre based outside the UK: sgainternational@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.

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** for **each area**, as details on the resources used to deliver the qualifications will differ.

About Your Centre

1. Centre Contact Details

Centre Contact Details	<i>Please provide details for the main site/location or headquarters for your centre:</i>
Centre's Full Name:	
Address:	
Post/Zip Code:	
Country:	
Phone Number: <i>(Please include the international and/or area code)</i>	
Email Address:	
Website Address:	
Centre Number: <i>(if already an approved SQA centre, applying only for further qualifications)</i>	

2. Key Contact Points

SQA Coordinator	<i>Please provide contact details of the SQA coordinator</i>
Name:	
Job Title:	
Email Address:	
Telephone Number: (Please include the international and/or area code)	

3. Type of Qualification

Qualification Type	<i>Please tick the type of qualification you wish to offer</i>
Higher National Qualification	
Qualifications	
(HN) SQA Advanced	
**Vocational Qualification	
National Qualification award (not New Nationals)	
Stand-alone Workplace Units	
Other (please detail):	
**If you have selected Vocational Qualification, please check this additional box to 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 / Standard Setting Body	

4. Qualification and Units

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

Qualification Title <i>e.g. SVQ 3 Management</i>	
Product Code <i>e.g. GC46 23</i>	
Projected number of candidates within 1st year	

Unit Title <i>e.g. Manage your own resources and professional development</i>	Product Code <i>e.g.DR67 04</i>

If you are applying for a Higher National or SQA Advanced Qualification Group Award, please specify the first six units you intend to deliver below. If you are not applying for a Higher National or SQA Advanced Qualification Group Award, please proceed to section 4b

Unit Title <i>e.g. Manage your own resources and professional development</i>	Product Code <i>e.g.DR67 04</i>

4b. Qualification Information

When do you intend to commence delivery? (mm/yy):

When is the intended date of first certification? (mm/yy):

5. 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

6. How you will deliver and assess the SQA award

Please refer to the Systems and Qualification Approval: Guide for Centres for guidance on how to complete the application form and the documentary evidence requirements.

Category 2: Resources

Criterion 2.1

Assessors and internal verifiers must be competent to assess and internally verify, in line with the requirements of the qualification.

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 group award, please provide the group award code(s) and level(s) only.
- If the staff member is assessing or verifying specific units from a group award (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:

Please attach any supporting documentation and email them to us alongside this form:

Staff Member Name	Role	Site	File Name

Criterion 2.4

There must be evidence of initial and ongoing reviews of assessment environments; equipment; and reference, learning and assessment materials.

Assessment Environments

Please describe the environments (places) your candidates will be assessed in, taking account of any assessment strategy requirements for SVQs or any unit specifications, operational handbook, arrangements document/group award strategy document or HN, SQA ACD and NQ Units.

Equipment

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

Please tick to confirm the equipment listed will be available on approval to offer the qualification ☐

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.

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 Category 3: ☐

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. Every site used should be suitable in terms of allowing candidates to achieve the qualification(s) in full without restrictions and ensuring that their health and safety and technical/specialist needs are provided for.

Please attach any supporting documentation and email them to us alongside this form.

Site Name	File Name

Partnerships

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

Yes, Please list below: ☐ No, go to Category 3: ☐

Info	Please give details of the partnership organisation
Name	
Address	
Post/Zip Code	
Country	
Phone Number	
Email Address	

Please ensure you send a copy of your partnership agreement.

Document	File Name

Category 3: Candidate Support

Criterion 3.2

Candidates' development needs and prior achievements (where appropriate) must be matched against the requirements of the award.

Please describe your process for ensuring that candidates' development needs and prior achievements will be matched against the requirement of the award

You may attach relevant documents to explain this. Please state here any additional documents you are attaching.

Document	File Name

Criterion 3.3

Candidates must have scheduled contact with their assessor to review their progress and to revise their assessment plans accordingly.

Please describe your process for ensuring that candidates will meet regularly with their assessor to review their progress and to revise their assessment plans accordingly.

You may attach relevant documents to explain this. Please state here any additional documents you are attaching.

Document	File Name

Category 4: Internal Assessment and Verification

Criterion 4.2

Internal assessment and verification procedures must be implemented to ensure standardisation of assessment.

Please describe how you will implement and monitor your centre's internal assessment and verification procedures.

--

You may attach relevant documents to explain this. Please state here any additional documents you are attaching.

Document	File Name

Criterion 4.3

Assessment instruments and methods and their selection and use must be valid, reliable, practicable, equitable and fair.

For Vocational Qualifications, please describe how you will approach assessment for all of the VQ Units you intend to offer. You may wish to exemplify this by providing example assessment plan(s), observation checklists, solutions to questions etc.

For HN and SQA ACD Units, please describe the assessment materials you will be using for a minimum of six Units or for all Units if less than six in total are being approved (these should be made available at the approval event). The assessment materials should comprise the instruments/methods of assessment (e.g. projects, assignments, case studies) and marking schemes for these units.

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

Your Centre: ☐ SQA: ☐ Third Party: ☐

Please tick to confirm that the assessment material has been internally verified	<input type="checkbox"/>
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.	<input type="checkbox"/>
Please tick to confirm that arrangements are in place for standardisation relating to the qualification(s)	<input type="checkbox"/>

Criterion 4.4

Assessment evidence must be the candidate's own work, generated under SQA's required conditions.

Please describe how you will ensure candidate's work is their own, generated under SQA's required conditions.

Criterion 4.6

Evidence of candidates' work must be accurately and consistently judged by assessors against SQA's requirements

Please describe how you will ensure candidate evidence is accurately and consistently judged by assessors against SQA's requirements

Criterion 4.7

Candidate evidence must be retained in line with SQA requirements.

Please describe how you will ensure that SQA evidence retention requirements are understood by all staff involved in the assessment of the award.

Criterion 4.9

Feedback from qualification verifiers must be disseminated to staff and used to inform assessment practice.

Please describe how feedback from SQA Qualification Verifiers will be disseminated to staff and used to inform assessment practice.

7. 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: ☐

8. 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 phone number:

BD contact email:

BD Confirmation

Name:

Date: (dd/mm/yyyy)

Confirmation Comments