Approval Application Supporting Document: Additional Qualification

What this form is for

This form should be completed if you are applying for approval to offer qualifications in more than one subject or occupational area. It should be submitted to Qualifications Scotland with your main Approval Application form.

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

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

- If you are a centre based in the UK: approval.applications@qualifications.gov.scot
- If you are a centre based outside the UK: sqainternational@qualifications.gov.scot

Once we have received the completed form and main application we will let you know via email. If we find that we need more information, we will ask the person named as your co-ordinator 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 Qualifications Scotland.

01 Centre Contact Details

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

Centre's full name

Centre number (if available)

Name of Co-ordinator

Phone number

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

Email address

02 Qualification(s) you wish to offer

Please tick the type of qualification you wish to offer

Higher National Qualification (HN) ☐

Qualifications Scotland Advanced Qualification ☐

Vocational Qualification ☐

National Qualification award (not New Nationals) ☐

Stand-alone Workplace Units ☐

Other (please detail below) ☐

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 ☐

If you have selected NQ please indicate the earliest date when you require candidate certification

(mm/yy)

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. SVQ 3 Management

Product Code

e.g. GC46 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

If you are applying for a Higher National or Qualifications Scotland 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 Qualifications Scotland Advanced Qualification Group Award, please proceed to section 3.

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

03 Sites

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

◯ Yes, please list below ◯ No

Please ensure that you send a copy of your site selection checklist (your Qualifications Scotland 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.		

04 Partnership

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

◯ Yes, please continue below ◯ No

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 Qualifications Scotland 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	

Qualifications Scotland Use Only

Business Development (BD) Contact Summary

BD contact name

BD contact phone number

BD contact email

BD Confirmation

Name

Date

dd/mm/yyyy

Confirmation Comments