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| **Any organisation can apply to become an approved centre with Advantage Accreditation**   |  | | --- | |  |   Is your organisation 🞏 Limited company Registered Company number  (tick ✓ as many as apply)  🞏 Partnership    🞏 Sole trader   |  | | --- | |  |   🞏 Charity Registered Charity number   |  |  |  |  | | --- | --- | --- | --- | | Name of your organisation |  | | | | Address of your organisation |  | | | |  |  | | | |  |  | | | | Postcode |  | | | | Telephone number |  | Mobile number |  | | Fax number |  |  |  | | Email address |  | | | | Website address |  | | | |
| **Data Protection**  As a registered centre you will deal with personal information. To check whether your organisation needs to be registered with the Information Commissioner’s Office use this link <http://www.ico.gov.uk/for_organisations/data_protection/notification.aspx>  Data Protection number   |  | | --- | |  |   If you plan to keep records relating to Advantage courses (such as copies of the assessment papers), please confirm how you will ensure this information is stored securely and in compliance with the Data Protection Act. You may wish to attach your data protection policy as supporting evidence.   |  | | --- | |  | |
| **Contact Details**  Who will be the contact responsible for all training at your organisation?   |  |  | | --- | --- | | Name |  | | Job title |  | | Address (if different from centre details) |  | |  |  | |  |  | | Postcode |  | | Telephone number |  | | Email address |  |   Who will be the contact for centre audit or administration?   |  |  | | --- | --- | | Name |  | | Job title |  | | Address (if different from centre details) |  | |  |  | |  |  | | Postcode |  | | Telephone number |  | | Email address |  |   Who will be the contact for queries relating to invoices or payments?   |  |  | | --- | --- | | Name |  | | Job title |  | | Address (if different from centre details) |  | |  |  | |  |  | | Postcode |  | | Telephone number |  | | Email address |  | |
| **Advantage Accreditation supports you in implementing a training framework which demonstrates a level of quality. In order to support your application please provide any information relating to your quality systems.**  Do you have a quality policy? 🞏 No 🞏 Yes  Do you hold any quality marks such as ISO9001? 🞏 No 🞏 Yes (please give details)   |  | | --- | |  | |

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| In order to meet our quality requirements we ask that you meet or exceed the following criteria. In the space provided please describe evidence for your organisation and attach copies where relevant in support of this: | | | | |
| **How does your organisation provide a safe environment for those you teach?** | |  | | |
| **How will your training be accessible to all (both physically and cognitively)?** | |  | | |
| **How will you treat all those you teach fairly and equitably?** | |  | | |
| **What measures have you put in place to ensure that trainers are fully supported in their role?** | |  | | |
| **How have you ensured the safety of service users?**  **In the case of training providers, your client’s service users?** | |  | | |
| To assist you, some centres have used the following to prove the outcomes above   * Health and Safety policy * Risk Assessments * Employers Liability Insurance Policy * Equality and Diversity Policy/statement * Trainer role profiles * CPD policy * Staff development policy * Grievance and disciplinary procedures * DBS checks of training staff (if required) | | | | |
| **How many certificates do you expect to award per year?** | | | | |
| **Do you have any other comments to support your application?** | | | | |
| I confirm that the centre will meet the requirements set out by Advantage. | | | | |
| I confirm that the centre accepts and will comply with the full terms and conditions at [www.advantageaccreditation.com](http://www.advantageaccreditation.com) which can also be requested in printed format; and that I understand I am entering a 2 year agreement. | | | | |
| I confirm that all trainers involved in the delivery of courses are and will remain occupationally competent. | | | | |
| I confirm that the information given is accurate to the best of my knowledge. | | | | |
| **Signed:** |  | | **Position:** |  |
| **Printed Name:** |  | | **Date:** |  |

**Office use only**

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| **Approval form received: (date)** |  | | |
| **Processed by: (sign)** |  | | |
| **Processed by: (print)** |  | | |
| **Processed: (date)** |  | | |
| **Comments on application:** |  | | |
| **Approval Outcome: (delete as appropriate)** | Yes | **No** | **Resubmit** |
| **Centre Number Allocated: (enter number)** |  | | |
| **Certificate / Letter sent: (date)** |  | | |