# Centre Approval - Application

**1. Organisation Details**

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| Name of Centre: |  |
| CRM centre reference number: |  |
| Company Registration Number: |  |
| Charity Registration Number |  |
| Data Protection Number: |  |
| CQC Registration Number: |  |
| Address: |  |
| Postal Code: |  |
| Telephone Number: |  |
| Website Address: |  |
| Email Address: |  |

**2. Contact Details**

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| --- | --- |
| Main Centre Contact Name: |  |
| Telephone Number: |  |
| Email Address: |  |
| Administration Contact Name: |  |
| Telephone Number: |  |
| Email Address: |  |
| Finance Contact Name: |  |
| Telephone Number: |  |
| Email Address: |  |

**3. Centre Information**

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| What type of organisation are you? (Please circle) | Residential Care | Domiciliary Care | Paediatric |
| Housing Association | Educational | Care Group |
| Other, please state |
| How did you hear about Advantage? |  |
| Is you centre approved by any quality assurance programme? |  |
| Is your centre delivering qualifications through other awarding bodies? (please circle appropriately) | None |
| Which accreditation bodies are you currently working with? Please provide your Centre Approval Number | NVQs/QCFs/RQFs | Academic or Professional qualifications |
| Other, please state | Other vocational qualifications |
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| Have you ever been refused an approval by a recognised awarding body? If yes, please give details.  |  |

**4. Supporting evidence for application**

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| **Requirement** | **Evidence/Information provided** |
| **Administration:** What IT systems do you have in place?  |  |
| **Roles and Responsibilities:**Brief descriptions will be required of all persons who will be involved with us. (Please circle/complete as appropriate) | **Organisational structure** | **Role Profiles** |
| **Other, please state:** |
| **Health and Safety:**Health and Safety arrangement must comply with Health and Safety at Work Act. (Please circle/complete as appropriate) | **Health & Safety Policy** | **Risk Assessments** | **Employer Liability Certificate** |
| **Other, please state:** |

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| **Resource:**Your company has suitably qualified and experienced staff with the necessary knowledge to deliver courses. Include details of how staff development and continued professional development will be managed.(Please circle/complete as appropriate) | **CVs for all trainers/assessors** | **Role Profiles for trainers/assessors** | **Induction/CPD evidence** |
| **Development Policy to include PDRs & Supervision** | **Equality & Diversity Policy** | **Training facilities/****equipment** |
| **Other, please state:** |
| **Quality:**How do you ensure that you have the required level of quality within your environment for work and training?(Please circle/complete as appropriate)(M= Mandatory) | **Quality Assurance policy****(M)** | **Internal verification policy/process (M)** | **Evaluation documents** |
| **CQC grade** | **Appeals procedure** | **ISO 9001/ 18001** |
| **Other, please state:** |
| **Expected number of certificates per year** |  |
| **Comments to support application:**Advisory polices/procedures to be included in application:* + Health and Safety
	+ Risk Assessment
	+ Quality
	+ Equality and Diversity
	+ Equal opportunity
	+ Staff Development
	+ DBS
	+ Disciplinary Policy
	+ Whistleblowing Policy

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**5. Centre Declaration**

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| I confirm that the centre will meet the requirements set out by Advantage |
| I confirm the centre accepts and will comply with the full terms and conditions at which can also be requested in hard copy and is available through the portal; and that I understand I am entering a 2 year agreement that will be automatically renewed on a rolling 1 year contract |
| I understand that any personal data will be processed only for the purposes of processing the centre application and record-keeping. I understand that any personal data collected in the course of my activities during my period as an Advantage centre is our responsibility and we are liable for any misuse of such data. I understand that any personal data stored on the Advantage Portal will not be used for any purpose other than to process certificates. |
| I confirm that all trainers involved in the delivery of courses are occupationally competent |
| I confirm I accept the terms of the Advantage Logo Licence Agreement |
| I confirm that the information given is accurate to the best of my knowledge |
| **Signed:** |  | **Position:** |  |
| **Printed Name:** |  | **Date:** |  |

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| --- | --- | --- | --- |
| Approval Form Received: (date) |  | Processed by: (sign) |  |
| Processed: (date) |  | Processed by: (print) |  |
| Comments: |  | Centre Number: |  |
| Approval Outcome: |  | Certificate issued: (date) |  |