**CR1 CENTRE RECOGNITION APPLICATION[[1]](#footnote-1)**

Centres must note that additional documentation may need to be submitted to us in support of this application. You will be notified of these requirements as appropriate. Centres must read the Centre Guidance for Centre Recognition before completing this form.[[2]](#footnote-2) If you have any further queries please contact [centrerecognition@skillsedugroup.co.uk](mailto:centrerecognition@skillsedugroup.co.uk)

Centres may require a visit from a Quality Assurance Moderator before approval can be granted.

A charge will be made for any Centre Recognition or Qualification Approval visits made.[[3]](#footnote-3) Timescales for approving an organisation will depend upon the completeness of submissions and any additional information required by us.

Centres who have limited or no experience of delivering formal qualifications may benefit from an Advisory Visit before going through the Centre Recognition process. Centres should select the box below if they would like to request an Advisory visit. The Centre Recognition team will contact the Centre to arrange this and provide further information.

|  |  |
| --- | --- |
| I would like a pre-approval advisory visit and understand there will be an additional charge for this. Please tick. (✓) |  |

Centres who will be delivering qualifications which include external examinations must also complete form CR1e Onscreen Test Delivery.

In certain circumstances, Centre Recognition / Advisory Visits may be conducted remotely.

**Please complete all sections of this form**.

**1 CENTRE DETAILS**

|  |  |
| --- | --- |
| **ORGANISATION NAME** (Sole trader registered with HMRC; legal entity as registered with Companies House / the Charity Commission; UK Register of Learning Providers UKRLP) | |
|  | |
| **TRADING NAME** –if different from Organisation Name | |
|  | |
| **COMPANIES HOUSE REGISTRATION NUMBER** (if applicable) | |
|  | |
| **DATE OF INCORPORATION** (if applicable) | |
|  | |
| **CHARITY REGISTRATION NUMBER** (if applicable) | |
|  | |
| **CENTRE TYPE**  (14=School (under 11), 15=School (11-16), 16=School (11-18), 17=School (SEN), 18=School (PRU), 02= FE, 03=Sixth-form College (16-18), 04=Adult and Community Education, 05=University/HEI, 06=Private Training Provider, 07= Government/NHS, 08=Voluntary Organisation, 09=Employer, 10=HMP/Youth Offenders Institution, 11=Armed Forces, 12=Overseas Centre)  **PLEASE CHOOSE ONE OF THE ABOVE AND ENTER BELOW** | |
|  | |
| **MAIN ADDRESS** (registered address) | |
|  | |
| **POST CODE** | **UKPRN** if applicable(The centre’s unique UK Register of Learning Providers number*)* |
|  |  |
| **MAIN TEL** (for General Enquiries) | |
|  | |
| **MAIN EMAIL** (for General Enquiries) | |
|  | |
| **WEBSITE ADDRESS** (if applicable) | |
|  | |

**2 ADDITIONAL SITES**

If the organisation address above is not the main site to which you would like us to correspond, please give details of the alternative here. Any site(s) named must have the facility to manage and distribute information received.

|  |
| --- |
| **SITE NAME(S) (if appropriate), ADDRESS, POST CODE AND TELEPHONE NUMBER** |
|  |

|  |
| --- |
| **The following staff should be key contacts in your organisation and have the authority to manage the areas named below.** |

**3 MAIN EXAMINATIONS OFFICE**

|  |  |
| --- | --- |
| **NAME OF MAIN EXAMINATIONS OFFICER** | SITE LOCATION (if different from that given in 1.1) |
|  |  |
| tel. no: | email: |
| When approved an online account can be set up for the member of staff named here. Further accounts can be set up on request with the permission of this named person. | |

1. **FINANCE**

|  |  |
| --- | --- |
| **NAME OF HEAD OF FINANCE** | **SITE LOCATION** (if different from that given in 1.1)  (OUR FINANCE WILL USE THIS ADDRESS FOR ALL FINANCIAL COMMUNICATIONS UNLESS OTHERWISE REQUESTED) |
|  |  |
| tel. no: | email: |

1. **CURRICULUM**

|  |  |
| --- | --- |
| **NAME OF HEAD OF CURRICULUM** | **SITE** **LOCATION**  *(if different from that given in 1.1)* |
|  |  |
| tel. no: | email: |

**6 QUALITY ASSURANCE**

|  |  |
| --- | --- |
| **NAME OF QUALITY ASSURANCE MANAGER** | **SITE LOCATION**  (if different from that given in 1.1) |
|  |  |
| tel. no: | email: |

**7 SINGLE POINT OF ACCOUNTABILITY**

|  |  |
| --- | --- |
| **NAME OF PRINCIPAL / HEAD OF CENTRE** | **SITE LOCATION**  (if different from that given in 1.1) |
|  |  |
| tel. no: | email: |

**8 REFERENCES**

**8a OFSTED/QAA/FUNDING AGENCY ENDORSEMENT**

|  |  |  |
| --- | --- | --- |
| **AGENCY NAME** | Date approved | Recent report attached (please tick) |
|  |  |  |

**8b OFQUAL RECOGNISED AWARDING ORGANISATIONS WITH WHICH YOU ARE CURRENTLY APPROVED**

|  |  |  |
| --- | --- | --- |
| **AWARDING ORGANISATION NAME** | Date approved | Recent monitoring report attached (please tick) |
|  |  |  |

**8c OTHER ENDORSEMENT**

|  |
| --- |
| **ORGANISATION / REFEREE NAME** |
|  |
| **If you are not monitored by OFSTED, QAA, Funding Agency or any other educational inspectorate you must include with this form a report / letter from one of the following IIP, ISO, EFQM, or a statement / reference from any other organisation / referee that can comment on your centre’s quality assurance arrangements**. |

**9 GIVE DETAILS OF ANY PREVIOUS APPLICATIONS FOR CENTRE APPROVAL REFUSED OR APPROVAL STATUS WITHDRAWN**

|  |  |  |
| --- | --- | --- |
| **AWARDING ORGANISATION NAME** | Date approval withdrawn / refused | Reason |
|  |  |  |

**10 QUALITY SYSTEMS / DOCUMENTS**

Please confirm that your organisation has the following statements, policies and procedures in place. You may be asked to produce some or all of these documents during a quality assurance visit.

|  |  |  |
| --- | --- | --- |
| **Statements, Policies and Procedures** | | **Yes/No** |
| 10.1 | Organisation Chart |  |
| 10.2 | Procedure for Internal Moderation |  |
| 10.3 | Procedures for managing Internal & External Assessment /Examinations and Invigilation |  |
| 10.4 | Procedure for dealing with and reporting Malpractice / Maladministration |  |
| 10.5 | Statement on Access to Assessment |  |
| 10.6 | Procedure for dealing with Complaints |  |
| 10.7 | Procedure for dealing with Learner Enquiries and Appeals against Assessment Decisions |  |
| 10.8 | Staff Recruitment / Induction / Development Policy / Statement |  |
| 10.9 | Health and Safety Policy / Statement |  |
| 10.10 | Equality and Diversity Policy / Statement |  |
| 10.11 | Statement on Student Support including:   * advice and guidance procedures; * obtaining a Unique Learner Number (ULN) and a Learner Record (PLR) if requested; * credit transfer, exemption and Recognition of Prior Learning * initial assessment and induction; * a process to protect the interests of learners in the event of withdrawal; |  |
| 10.12 | Procedure for Quality Assurance Review of the Course (monitoring learner progress, review and feedback) |  |
| 10.13 | Data Protection Policy / Statement and Privacy Notice |  |
| 10.14 | Policy / Statement on working with Partners (where applicable) |  |
| 10.15 | Conflict of Interest Policy |  |

These documents must be made available to both staff and / or learners via the relevant staff / student handbooks (or other appropriate means), and to the Awarding Organisation or the Regulator upon request.

**11 SECTOR PROVISION**

Please complete the following table

|  |  |  |
| --- | --- | --- |
| **Sub-Sectors** | **Currently deliver**  **Please include levels and type** | **Wish to deliver with us** |
| ***For example:***  ***Landbased - Horticulture*** | ***Level 3 NVQs in Horticulture*** | ***Level 2 Diploma in Work-based Horticulture*** |
| **Animal Care** |  |  |
| **Arboriculture & Forestry** |  |  |
| **Coaching & Mentoring** |  |  |
| **Community Interpreting** |  |  |
| **Counselling** |  |  |
| **Design & Craft** |  |  |
| **Education & Training** |  |  |
| **Employability Programme** |  |  |
| **Environment & Conservation** |  |  |
| **Fabrication and Welding** |  |  |
| **Fashion Retail** |  |  |
| **Footwear and Leather** |  |  |
| **Foundations for Learning and Life** |  |  |
| **Horticulture** |  |  |
| **Media** |  |  |
| **Motor Vehicle/MOT** |  |  |
| **Pre-Access** |  |  |
| **Preparation for Work** |  |  |
| **Practical Languages** |  |  |
| **Sewing and Textiles** |  |  |
| **Social Prescribing** |  |  |
| **Transportation, Operations and Maintenance** |  |  |
| **Voluntary & Community** |  |  |
| **Youth & Community (including Youth Work)** |  |  |

Please complete a CR2 Intention to Deliver form to provide us with additional information regarding the qualification(s) you wish to deliver. A separate CR2 form will be required for each sector.

|  |
| --- |
| **12 AUTHORISATION** |
| **I am authorised to submit this application on behalf of the Centre and can confirm that I have read the Centre Guidance for Centre Recognition and the information provided is accurate.** |
| **NAME** |
|  |
| **POSITION** |
|  |
| **DATE** |
|  |
| **EMAIL** |
|  |

**Once fully completed please email this form to:**

[**centrerecognition@skillsedugroup.co.uk**](mailto:centrerecognition@skillsedugroup.co.uk)

1. Available on the website [↑](#footnote-ref-1)
2. Available on the website [↑](#footnote-ref-2)
3. Information about fees can be found on our website, in our Fees Document under ‘Additional Enrolement Fees’ [↑](#footnote-ref-3)