**CR1e ONSCREEN TEST DELIVERY APPLICATION**

You only need to complete this form if your centre intends to deliver qualifications which include external assessments. Please note completion of this form is mandatory before qualification approval is given and your centre approved for online assessments.

Prior to completion of this form you must refer to the following:-

* BTL Surpass instructions on how to install the secure client. Please click [here](https://btlsurpass.uservoice.com/knowledgebase/articles/555660-how-to-install-the-secureclient) to access this information.
* Skills and Education Group Awards Instructions for the Conduct of Examinations. Please click [here](https://www.abcawards.co.uk/wp-content/uploads/2017/12/Instructions-for-the-Conduct-of-Examinations-and-Other-External-Assessme....pdf) to access these instructions.

Should you have any difficulties accessing the above please contact us on 0115 854 1620 and we will be happy to assist you.

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| --- |
| **1 CENTRE DETAILS** |
| **ORGANISATION NAME** *(legal entity as registered with HMRC, Companies House, the Charity Commission)* |
|  |
| **ADDRESS** *(registered address)* |
|  |
| **POST CODE**  | **UKPRN[[1]](#footnote-1)** |
|  |  |

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| **ADDITIONAL SITES OR ALTERNATIVE VENUES** |
|  |
| **ADDRESS**  |
|  |
| **POST CODE**  | **Tel:** |
|  |  |

(If alternative sites/additional venues are in place following approval please submit this revised form to the Awarding Body)

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| **2 ONSCREEN TEST ADMINISTRATOR / MANAGER**The person named in this section will be provided with a User account for BTL Surpass and will be given permission to create and manage user accounts at the centre. They will also be copied into any approval confirmation. |
| **NAME**  | **SITE LOCATION**  |
|  |  |
| **EMAIL** | **Tel:** |
|  |  |

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| **3 AUTHORISATION** |
| **I am authorised to submit this application and can confirm the following:-*** **We have read the BTL Surpass instructions on how to install the secure client**
* **I have read Skills and Education Group Awards instructions for the Conduct of Examinations, understand the requirements for invigilation and can confirm that the test environment will meet the requirements**
 |
| **NAME**  |
|  |
| **POSITION** |
|  |
| **DATE** |
|  |
| **EMAIL** |
|  |

Please email to centrerecognition@skillsedugroup.co.uk if part of an application for Centre Recognition or include with your ‘CR2 Qualification Intention To Deliver’ form if part of an application for Qualification Approval.

1. UK Provider Register Number

 [↑](#footnote-ref-1)