**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**

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. 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 Online Test Delivery.

**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) |
|  |
| **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 wish 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)** |  |  |

To register to deliver courses containing specific qualifications / units please complete CR2. A separate CR2 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**

**CR2 INTENTION TO DELIVER**

Please find below some notes to support your ‘Intention to Deliver’ application.

Should you have any queries please do not hesitate to contact our Development and Delivery team on 0115 8541620 or via customersupport@skillsedugroup.co.uk

Aseparate ‘CR2 - Intention to Deliver Form’must be completed for **each** sector your centre wishes to offer within.

If you are a centre that is new to us this form must also be submitted with a ‘CR1 - Centre Recognition Application’ and sent to centrerecognition@skillsedugroup.co.uk

Where the qualification includes online external assessments and your centre does not currently have approval to deliver onscreen tests please complete form ‘CR1e – Onscreen Test Delivery Application’ and submit this with your application.

To support you with your ‘Intention to Deliver’ we can also provide an advisory visit/Professional Discussion from a subject specialist moderator. There is a charge for these and current fees can be found at [General Fees](https://www.abcawards.co.uk/wp-content/uploads/2018/09/SEG-Awards-Fees-2020-21.pdf)

|  |  |
| --- | --- |
| If you deliver in this sector with another awarding organisation please supply your latest monitoring report with this application. Please tick if report included. (✓) |   |

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

|  |
| --- |
| **1.1 QUALIFICATION / COURSE DETAILS** |
| **ORGANISATION NAME***(this will be the organisation name as indicated on the CR1 section 1.1)* | **UKPRN[[4]](#footnote-4)**(if applicable) |
|  |  |
| **FULL QUALIFICATIONTITLE** | **QUALIFICATION NUMBER***(e.g. D4502-01 available on our website)* |
|  |  |
| **CENTRE COURSE TITLE**(if different from the above) | **ACCREDITED UNITS TO BE INCLUDED***(please quote Ofqual unit number e.g. K/502/1072)* |
|  |  |
| **PROPOSED COURSE COMMENCEMENT DATE**  | **NUMBER OF ANTICIPATED LEARNERS** |
|  |  |

|  |
| --- |
| **1.2 DELIVERY** |
| **PREVIOUS EXPERIENCE** *(Please describe any previous experience relevant to this application. This could be working with another AO delivering this qualification or a similar qualification, working within this sector and/or working with this client group.)* |
|  |
| **DELIVERY METHOD** *(Please describe the delivery method using one or more of the following e.g. classroom, workplace, distance learning, online)* |
|  |
| **DELIVERY FREQUENCY** *(Please describe how often you are planning to deliver this qualification e.g. monthly, quarterly, annually)* |
|  |
| **SITE NAME & ADDRESS** *(where the exams officer (or equivalent) is based and qualification and assessment materials will be sent)* |
|  |
| **DELIVERY LOCATION ADDRESS** *(where the course is to be delivered if different from the above)* |
|  |
| **Why are you interested in running this course with SEG Awards?** |
|  |
| **1.3 CONTACT DETAILS** |
| **Head of Curriculum Name** |  |
| **Tel** |  | **Email** |  |
| **Qualification / Course Key Contact Name** |  |
| **Tel** |  | **Email** |  |
| **Examination / Administration Officer Name** |  |
| **Tel** |  | **Email** |  |
| **Assessor Name** |  |
| **Qualifications / Experience** |  |
| **Tel** |  | **Email** |  |
| **Internal Moderator Name** |  |
| **Qualifications / Experience** |  |
| **Tel** |  | **Email** |  |
| **1.4 PARTNER INFORMATION** *(including any overseas centres/sites)* |
| **NAME OF PARTNER**  |  |
| **EMAIL**  |  |
| **Please state below who is responsible for the following:**i.e. the approved centre or the partner |
| **Overall duty of care for the learners / Quality Assurance** |  |
| **Enrolling learners** |  |
| **Payment of Fees** |  |
| **Delivery** |  |
| **Assessment**  |  |
| **Internal Moderation** |  |
|  |

**Where applicable to the qualification, please apply for onscreen tests by submitting the Form CR1e available** [**here**](http://www.abcawards.co.uk/centres-2/become-a-centre/)

**1.5 CENTRE AUTHORISATION**

I declare that I am authorised by the centre to register this centre’s intent to deliver the qualification/units listed above. I further declare the centre will ensure all appropriate staff, physical resources/equipment and systems are in place to deliver the qualification/units named according to the standards and guidelines provided.

|  |  |
| --- | --- |
| **NAME**  |  |
| **POSITION** |  | **DATE** |  |
| **EMAIL** |  |

Please email all completed forms to customersupport@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 the website Administration Fees [↑](#footnote-ref-3)
4. The centre’s unique UK Register of Learning Providers number [↑](#footnote-ref-4)