

## Accredited Training Programme – Programme Application Form

Should you have any queries please do not hesitate to contact our Accredited Training Programme Team [atp@skillsedugroup.co.uk](mailto:atp@skillsedugroup.co.uk)

### 1.1 PROGRAMME DETAILS

<b>ORGANISATION NAME</b>	
<b>MAIN CONTACT DETAILS</b>	
NAME:	
EMAIL ADDRESS:	
TELEPHONE NUMBER:	
<b>FULL PROGRAMME TITLE</b>	
<b>PURPOSE:</b> e.g. <i>It prepares learners to/for... It gives them skills and knowledge that can help with...</i>	
<b>RATIONALE/PRODUCT NEED:</b>	
<b>WHO IS IT FOR:</b>	
<b>ENTRY REQUIREMENTS:</b>	

Subsidiaries of:

<b>WHAT WILL BE THE TOTAL COURSE TIME?</b>	<b>WHAT WILL THE GUIDED LEARNING HOURS BE?</b>
<b>HOW WILL THE PROGRAMME BE ASSESSED?</b>	
<b>TOTAL NUMBER OF COMPONENTS IN THE PROGRAMME:</b>	
<b>ANY OTHER RELEVANT INFORMATION:</b>	
<b>FOLLOWING COMPLETION OF THE PROGRAMME, WHAT PROGRESSION ROUTES ARE AVAILABLE TO LEARNERS?</b>	
<b>PREVIOUS EXPERIENCE</b> <i>(Please describe any previous experience relevant to this application. This could be working with another awarding organisation delivering this programme or a similar programme, working within this sector and/or working with this client group.)</i>	
<b>DELIVERY METHOD</b> <i>(Please describe the delivery method using one or more of the following e.g. classroom, workplace, distance learning, online)</i>	
<b>DELIVERY FREQUENCY</b> <i>(Please describe how often you are planning to deliver this programme e.g. monthly, quarterly, annually)</i>	
<b>DELIVERY LOCATION ADDRESS</b> <i>(where the Programme is to be delivered if different from the above)</i>	
<b>HOW DID YOU HEAR ABOUT US AND WHAT MAKES OUR ACCREDITED TRAINING PROGRAMME A GOOD FIT FOR YOUR COURSE?</b>	

Subsidiaries of:

## 1.2 PROGRAMME COMPONENTS

Please provide details of the Programme Components in the table below, along with the associated learning outcomes and the method of assessment. Please complete one table per component.

The information you provide must be accurate as this will form the basis of your programme and any quality audits that are undertaken.

Programme Components			
<b>Component title:</b>			
<b>Method of Assessment</b> (please tick all options relevant to this component)	<b>Method</b>	<b>Yes</b>	<b>No</b>
	Assignment/Portfolio of Evidence		
	Knowledge Test		
	Skills Test		
	Professional Discussion/Interview		
	Practical Observation		
<b>Learning Outcome 1:</b>	The learner will		
<b>Learning Outcome 2:</b>	The learner will		
<b>Learning Outcome 3:</b>	The learner will		
<b>Learning Outcome 4:</b>	The learner will		
<b>Learning Outcome 5:</b>	The learner will		
<b>Learning Outcome 6:</b>	The learner will		
<b>Learning Outcome 7:</b>	The learner will		
<b>Learning Outcome 8:</b>	The learner will		

Subsidiaries of:

<b>Learning Outcome 9:</b>	The learner will		
<b>Learning Outcome 10:</b>	The learner will		
<b>Programme Components</b>			
<b>Component title:</b>			
<b>Method of Assessment</b> (please tick all options relevant to this component)	<b>Method</b>	<b>Yes</b>	<b>No</b>
	Assignment/Portfolio of Evidence		
	Knowledge Test		
	Skills Test		
	Professional Discussion/Interview		
	Practical Observation		
<b>Learning Outcome 1:</b>	The learner will		
<b>Learning Outcome 2:</b>	The learner will		
<b>Learning Outcome 3:</b>	The learner will		
<b>Learning Outcome 4:</b>	The learner will		
<b>Learning Outcome 5:</b>	The learner will		
<b>Learning Outcome 6:</b>	The learner will		
<b>Learning Outcome 7:</b>	The learner will		
<b>Learning Outcome 8:</b>	The learner will		
<b>Learning Outcome 9:</b>	The learner will		
<b>Learning Outcome 10:</b>	The learner will		

<b>Programme Components</b>	
<b>Component title:</b>	

Subsidiaries of:

<b>Method of Assessment</b> (please tick all options relevant to this component)	<b>Method</b>	<b>Yes</b>	<b>No</b>
	Assignment/Portfolio of Evidence		
	Knowledge Test		
	Skills Test		
	Professional Discussion/Interview		
	Practical Observation		
<b>Learning Outcome 1:</b>	The learner will		
<b>Learning Outcome 2:</b>	The learner will		
<b>Learning Outcome 3:</b>	The learner will		
<b>Learning Outcome 4:</b>	The learner will		
<b>Learning Outcome 5:</b>	The learner will		
<b>Learning Outcome 6:</b>	The learner will		
<b>Learning Outcome 7:</b>	The learner will		
<b>Learning Outcome 8:</b>	The learner will		
<b>Learning Outcome 9:</b>	The learner will		
<b>Learning Outcome 10:</b>	The learner will		

<b>Programme Components</b>			
<b>Component title:</b>			
<b>Method of Assessment</b> (please tick all options relevant to this component)	<b>Method</b>	<b>Yes</b>	<b>No</b>
	Assignment/Portfolio of Evidence		
	Knowledge Test		
	Skills Test		

Subsidiaries of:

	Professional Discussion/Interview		
	Practical Observation		
<b>Learning Outcome 1:</b>	The learner will		
<b>Learning Outcome 2:</b>	The learner will		
<b>Learning Outcome 3:</b>	The learner will		
<b>Learning Outcome 4:</b>	The learner will		
<b>Learning Outcome 5:</b>	The learner will		
<b>Learning Outcome 6:</b>	The learner will		
<b>Learning Outcome 7:</b>	The learner will		
<b>Learning Outcome 8:</b>	The learner will		
<b>Learning Outcome 9:</b>	The learner will		
<b>Learning Outcome 10:</b>	The learner will		

### 1.3 PROGRAMME CERTIFICATION

To ensure the certification of the programme is fit for purpose and meets your needs could you please complete the following three questions below:

<b>Certification</b>	<b>Yes</b>	<b>No</b>
Do you wish to have your organisation's logo on the learner's certificates?		
Do you wish to have e-certificates? £9 per certificate		
Do you wish to have paper certificates? £12 per certificate		

Subsidiaries of:

Do you wish to have both e-certificates and paper certificates? £15 per certificate (includes both e-certificate and paper)		
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## 1.4 CENTRE AUTHORISATION

Before you submit your application, please review the statements in the table below and confirm you understand and meet the requirements listed:

Pre-Submission Declaration	Tick if met
The programme title and its components do not use regulatory terminology (See guidance notes).	
The programme has an assessed outcome.	
A scheme of work and/or lesson plans are in place for the programme (Please submit your scheme of work with your application).	
An Internal Quality Assurance process is in place.	
An Internal Quality Assurer is in place to conduct Quality Assurance activity.	
The programme is technically accurate and fit for purpose.	
All relevant policies and procedures are in place.	
All necessary staff are in place.	
There is a suitable teaching area to deliver the programme.	
Upon submitting this form, you confirm the programme has met all the necessary approval criteria.	

Subsidiaries of:

I declare that I am authorised by the Centre to register this Centre's intent to deliver the programmes listed above.

<b>NAME</b>			
<b>POSITION</b>		<b>DATE</b>	
<b>EMAIL</b>			

Please email all completed forms to [atp@skillsedugroup.co.uk](mailto:atp@skillsedugroup.co.uk)

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