

# ACCREDITED TRAINING PROVIDER (ATP) RECOGNITION APPLICATION

Providers must note that additional documentation may need to be submitted in support of this application. You will be notified of these requirements as appropriate. If you have any further queries, please contact [atp@skillsedugroup.co.uk](mailto:atp@skillsedugroup.co.uk)

Providers may require a visit from a Quality Assurance Moderator before approval can be granted. A charge will be made for any Provider Recognition or approval visits made. Timescales for approving an organisation will depend upon the completeness of submissions and any additional information required by us.

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

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

## 1 PROVIDER DETAILS

<b>ORGANISATION NAME</b> (Sole trader registered with HMRC; legal entity as registered with Companies House/the Charity Commission; UK Register of Learning Providers UKRLP)
<b>TRADING NAME</b> – if different from organisation name
<b>COMPANIES HOUSE REGISTRATION NUMBER</b> (if applicable)
<b>DATE OF INCORPORATION</b> (if applicable)
<b>CHARITY REGISTRATION NUMBER</b> (if applicable)
<b>MAIN ADDRESS INCLUDING COUNTRY IF OPERATING OUTSIDE OF THE UK</b> (registered address)

Subsidiaries of:

<b>POST CODE</b>	<b>UKPRN</b> if applicable (The Centre's unique UK Register of Learning Providers number)
<b>MAIN TEL</b> (for General Enquiries)	
<b>MAIN EMAIL</b> (for General Enquiries)	
<b>WEBSITE ADDRESS</b> (if applicable)	

## 2 ADDITIONAL SITES

If the organisation address above is not the main site with 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, COUNTRY (IF OPERATING OUTSIDE OF UK) POST CODE AND TELEPHONE NUMBER**

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

## 3 MAIN EXAMINATIONS OFFICE

<b>NAME OF MAIN EXAMINATIONS OFFICER (IF APPLICABLE)</b>	<b>SITE LOCATION</b> (if different from that given in 1.1)
tel. no:	email:

Subsidiaries of:

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.

#### 4 FINANCE

<b>NAME OF HEAD OF FINANCE</b>	<b>SITE LOCATION</b> (if different from that given in 1.1) (This contact will be used for all communication from our finance team unless otherwise stated)
tel. no:	email:

#### 5 CURRICULUM

<b>NAME OF HEAD OF CURRICULUM (IF APPLICABLE)</b>	<b>SITE LOCATION</b>
tel. no:	email:

#### 6 QUALITY ASSURANCE

<b>NAME OF QUALITY ASSURANCE MANAGER</b>	<b>SITE LOCATION</b> (if different from that given in 1.1)
tel. no:	email:

#### 7 SINGLE POINT OF ACCOUNTABILITY

<b>NAME OF CHIEF EXECUTIVE / MANAGING DIRECTOR / PRINCIPAL / HEAD OF CENTRE</b>	<b>SITE LOCATION</b> (if different from that given in 1.1)
tel. no:	email:

Subsidiaries of:

## 8 REFERENCES

### 8a OFSTED/QAA/FUNDING AGENCY ENDORSEMENT (IF APPLICABLE)

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
<p><b>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 Provider's quality assurance arrangements. For example, if delivering internationally this could be a country's Department of Education, or regulator equivalent to Ofqual, QAA etc.</b></p>

## 9 GIVE DETAILS OF ANY PREVIOUS APPLICATIONS FOR RECOGNITION REFUSED OR APPROVAL STATUS WITHDRAWN

AWARDING ORGANISATION NAME	Date approval withdrawn / refused	Reason

## 10 QUALITY SYSTEMS/DOCUMENTS

Subsidiaries of:

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.

<b>Statements, Policies and Procedures</b>		<b>Yes/No</b>
10.1	Organisation Chart	
10.2	Procedure for Internal Moderation	
10.3	Procedures for managing Internal and 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: <ul style="list-style-type: none"> <li>• advice and guidance procedures;</li> <li>• obtaining a Unique Learner Number (ULN) and a Learner Record (PLR) if requested;</li> <li>• credit transfer, exemption and Recognition of Prior Learning</li> <li>• initial assessment and induction;</li> <li>• a process to protect the interests of learners in the event of withdrawal;</li> </ul>	
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)	

Subsidiaries of:

10.15	Conflict of Interest Policy	
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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 upon request.

## 11 SECTOR PROVISION

Please complete the following table

<b>Sub-Sectors</b>	<b>Currently deliver Please include levels and type</b>	<b>Wish to deliver with us</b>
<i>For example: Landbased - Horticulture</i>	<i>Level 3 NVQs in Horticulture</i>	<i>Level 2 Diploma in Work- based Horticulture</i>
<b>Animal Care</b>		
<b>Arboriculture and Forestry</b>		
<b>Coaching and Mentoring</b>		
<b>Community Interpreting</b>		
<b>Counselling</b>		
<b>Design and Craft</b>		
<b>Education and Training</b>		
<b>Employability Programme</b>		
<b>Environment and Conservation</b>		
<b>Fabrication and Welding</b>		
<b>Fashion Retail</b>		
<b>Footwear and Leather</b>		
<b>Foundations for Learning and Life</b>		

Subsidiaries of:

<b>Horticulture</b>		
<b>Media</b>		
<b>Motor Vehicle/MOT</b>		
<b>Pre-Access</b>		
<b>Preparation for Work</b>		
<b>Practical Languages</b>		
<b>Sewing and Textiles</b>		
<b>Social Prescribing</b>		
<b>Transportation, Operations and Maintenance</b>		
<b>Voluntary and Community</b>		
<b>Youth and Community (including Youth Work)</b>		

Please complete a separate form outlining your course content which you seek to deliver through the Accredited Training Programme. A separate CR2 form will be required for each sector.

## 12 AUTHORISATION

**I am authorised to submit this application on behalf of the Provider and can confirm that the information provided is accurate.**

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

Subsidiaries of:

<b>EMAIL</b>

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

[atp@skillsedugroup.co.uk](mailto:atp@skillsedugroup.co.uk)

Subsidiaries of: