

**CENTRE APPROVAL FORM**

**Reviewed: 28 October 2024**

**APPLICATION/APPROVAL DOCUMENT FOR CENTRES**

**CENTRE DETAILS**

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| Centre Name |  | | |
| Address |  | | |
| Post Code |  | Telephone No. |  |

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| Accountable Officer |  | Official Title  *(i.e.Quality Manager*) |  |
| Direct Dial Telephone No. |  | E-mail |  |

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| Name of Exams Officer  *(NB: The Exams Officer must be available on the date set for approval)* | |  | |
| Direct Dial Telephone Number |  | E-mail |  |

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| Please state type of centre (e.g. college, school, private company, training organisation) | |  | |
| If this application includes sub centres/partners, please complete details: - | | | |
| Name, Address and Contact Person | Relationship between centre/sub centre/partner (for each detail their respective **roles, responsibilities, and accountabilities**) | | Distance from main centre |
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***Please note:*** *PIABC Limited may wish to visit sub centres at random to ensure their processes and procedures are in place.*

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| **Please complete details below if you have been approved as a centre within the last 2 years and by whom:** | |
| **Name of Awarding Body** | **Date approved** |
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**PREVIOUS CENTRE APPROVALS**

Can you please provide details of any instance in which your centre has either had an application for approval to offer qualifications refused, or if approved status has been withdrawn. *(NB Failure to provide accurate information will result in the centre having its approval withdrawn. PIABC Limited may also be required to pass this information to regulatory authorities and/or Government bodies)*

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|  | **Awarding Body** | **Reasons for the Decision** | **Date** |
| **Approval Refused** |  |  |  |
| **Approval Withdrawn** |  |  |  |
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| It is PIABC Limited’s policy that you have policies and procedures in place as listed below. The box ‘Your evidence’ is intended for you to use as a tick box to identify the evidence that you are using to show how the centre meets the criteria. You may supply alternative evidence so long as it fits the criteria. For work-based competence-based qualifications (NVQ/SVQ), all criteria must be met, however this is not always the case for other non-competence-based qualifications. In these cases, you should consider the appropriate requirements and present relevant evidence accordingly.  Please note: On the day of the visit, the PIABC Limited representative undertaking centre approval will require access to the evidence as listed in the examples of evidence column. This evidence should be presented in a file or alternately as electronic documents. Once the centre is approved compliance with the criteria will be checked on a regular basis via the centre monitoring visits. By making an approval application the centre is making a commitment to maintain systems, which meet the criteria.  Please include a centre prospectus (or similar document or web site reference) and a map showing the locations of all sites. | | | | |

**OVERVIEW OF THE VISIT (PIABC Limited use)**

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# SECTION 1 - MANAGEMENT SYSTEMS

|  | **Criteria** | **Examples of evidence** | **Your evidence -**  **🗸 if you have evidence in place** | **Comments**  **(PIABC Limited use only)** |
| --- | --- | --- | --- | --- |
| 1.1 | Management Support Centre’s aims and policies in relation to the introduction and development of programmes are supported by senior management and understood by staff | * Discussions with senior managers and staff * Centre mission statements * Responsibilities for approving new programmes * Course validation documents * Centre marketing materials and business plans |  |  |
| 1.2 | Policies and Procedures Centre has policies and procedures, which allow for effective management and delivery of programmes. These include arrangements for ensuring procedures are followed and monitored at other sites. There is also a system for regularly reviewing the appropriateness of the systems | * Policies and procedures for: * Quality assurance * Health and safety * Complaints * Storage & transmission of assessment outcomes * Assessment * Internal verification * Appeals * Equality & diversity * Conflict of interest * Examples of how these are used * Systems for monitoring procedures at other sites * Written/oral explanation of how procedures are updated |  |  |
| 1.3 | Roles and Responsibilities Centre has a structure where the roles, responsibilities, authorities and accountabilities for programme delivery, quality management, assessment and verification are understood and effectively managed by the programme teams across all sites. | * Management organisational chart * Team structure and roles * Written/oral explanation of lines of accountability within own and partner organisations * Documents used for agreement with partner organisations * Methods of approving staff within own and partner organisations. |  |  |
| 1.4 | Self-Assessment Centre regularly reviews the quality of provision and identifies areas for improvement and future development | * Self-assessment documentation * Written/oral explanation of self-assessment procedures * Action plans and development plans * Minutes of review meetings * Explanation of how self-assessment information is used to improve provision |  |  |

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|  | **Criteria** | **Examples of evidence** | **Your evidence -**  **🗸 if you have evidence in place** | **Comments**  **(PIABC Limited use only)** |
| 1.5 | Communications Centre has systems, which ensure that there is effective communication with the programme teams, with other sites, with senior managers and with the awarding body. | * Organisational charts. * Staff handbooks and updates * Minutes of team and/or management meetings. * Minutes of meetings with other sites * Records of communication with the awarding body. |  |  |

##### SECTION 2 - RESOURCES

|  | **Criteria** | **Examples of evidence** | **Your evidence -**  **🗸 if you have evidence in place** | **Comments**  **(PIABC Limited use only)** |
| --- | --- | --- | --- | --- |
| 2.1 | Physical ResourcesCentre has systems, which ensure the resource needs in terms of equipment and accommodation are accurately identified and regularly reviewed in relation to programmes and resources are made available. All accommodation and equipment comply with health and safety. | * Procedures for identifying and meeting resource and accommodation needs * Health and safety and checks of equipment * Accommodation for examinations * Procedures for ensuring that assessment/examination material is transported and stored securely |  |  |
| 2.2 | Staff Resources Staffing needs are identified, regularly reviewed, and met. Enough qualified and vocationally competent staff are available to deliver programmes and carry out assessments. Staff have enough time, resources, and authority to carry out their roles. Any staff changes are managed effectively, and the awarding body informed where necessary | * Procedures for identifying staffing needs in own and partner organisations * Procedures for checking qualifications and experience of staff in own and partner organisations * Staff handbooks and induction procedures * Staff time allocation * Equality & diversity monitoring * Methods for informing awarding bodies of staff changes |  |  |
| 2.3 | Staff Development Centre has systems, which ensure that staff development needs are regularly and systematically reviewed. Once needs are identified there are procedures for meeting these development needs | * Explanation of how development needs are identified and met * Staff induction and guidance materials. * Records of meetings/ briefings/updates. * Records of individual development plans. * Appraisal documents |  |  |

##### SECTION 3 - LEARNER SUPPORT

|  | **Criteria** | **Examples of evidence** | **Your evidence –**  **🗸 if you have evidence in place** | **Comments**  **(PIABC Limited use only)** |
| --- | --- | --- | --- | --- |
| 3.1 | Meeting needs Learners’ development needs are assessed and matched against the requirements of the qualification/programme being undertaken | * + Procedures for ensuring learners’ access to:     - Initial assessment.     - Additional support     - Complaints resolution     - Equality & diversity   + Provision for learner/trainee contracts   + Provisions to:     - Obtain a unique learner number (ULN) and learner record     - Maximise opportunity for credit transfer and exemptions by accessing a learner’s previous achievements   + Procedure in place for recognised prior learning (RPL) arrangements. |  |  |
| 3.2 | Monitoring and recording progress Learners have regular opportunities to review their progress, record their achievement and revise their assessment plans where necessary | * Written/oral explanation of procedures used/to be used * Example of record forms/data bases * Examination/assessment plans * Frequency of review meetings * Unit certification |  |  |
| 3.3 | Recording Achievement Systems ensure that learner records and details of achievements are accurate, kept up to date, securely stored in line with awarding body requirements, communicated accurately to awarding bodies and available for external quality assurance/monitoring and auditing. | * Candidate registration details. * Candidate assessment/examination records. * Evidence files/portfolios. * Security and access arrangements. * Organisation of external quality assurance/monitoring visits |  |  |

##### SECTION 4 - ASSESSMENT AND VERIFICATION

|  | **Criteria** | **Examples of evidence** | **Your evidence –**  **🗸 if you have evidence in place** | **Comments**  **(PIABC Limited use only)** |
| --- | --- | --- | --- | --- |
| 4.1 | Conducting assessments/examinations Assessments/examinations are carried out by suitably qualified and experienced staff whose practice is monitored on a regular basis | * Qualifications and experience of staff conducting assessments * Arrangements for conducting examinations * Details of countersigning arrangements for assessors * Monitoring arrangements |  |  |
| 4.2 | Access to assessment The centre’s access and fair assessment policy and practice is understood and complied with by candidates and assessors. Assessment requirements are identified and met where possible. | * Documented assessment policies and procedures * Assessment complies with equality & diversity * Materials/equipment/facilities to support learners with requirements |  |  |
| 4.3 | Quality assurance strategy Internal quality assurance procedures and activities are clearly documented, consistent with national requirements and ensure the quality and consistency of assessment. | * Policies and procedures * Qualifications of Internal Quality Assurers * Records of assessment team meetings. * Assessor networking opportunities. |  |  |
| 4.4 | Conducting quality assurance Internal quality assurance activities are conducted effectively and in line with awarding body requirements | * Internal quality assurance plans and records * A sampling strategy and schedule of activity * Evidence of support for and feedback to assessors * Evidence of corrective actions |  |  |

##### SECTION 5 - MONITORING AND REVIEW

|  | **Criteria** | **Examples of evidence** | **Your evidence –**  **🗸 if you have evidence in place** | **Comments**  **(PIABC Limited use only)** |
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| 5.1 | Response to reports Actions identified by external agencies are disseminated to appropriate staff and corrective  measures are implemented. | * Treatment of examiner/quality assurance reports * Monitoring actions. * Action plans. * Responses to inspection reports |  |  |
| 5.2 | Feedback Learner, employer, and other feedback is sought and used to evaluate the quality and effectiveness of qualification provision against the centre's stated aims and policies, leading to continuous improvement. | * Systems for collecting feedback * Evaluation forms/surveys. * Users’ charter/customer service statements |  |  |
| 5.3 | Future Developments The centre’s achievements are monitored and reviewed and used to inform future centre qualification developmental activity. | * Internal audit/self-assessment arrangements. * Records of findings against the approval criteria. * Evidence of corrective actions taken/implemented. |  |  |

**DECLARATION BY PRINCIPLAL OR CHIEF EXECUTIVE OR HEAD OF THE ORGANISATION/INSTITUTION**

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| The policies and quality systems of a centre must be approved as a guarantee that students will receive their entitlement to fair and equal treatment and to a high standard of tuition and resources.  Centre approval will be awarded for a two-year period. Centre approval is subject to regular checks once candidates have been registered.  I am aware that in signing this document I agree to provide access to PIABC Limited and the regulatory/accreditation authorities to relevant premises, people, and records and to co-operate with PIABC Limited’s monitoring activities. I also declare that the information submitted in this application is correct and that I am authorised to sign on behalf of the centre. | |
| Centre Representative Signature: |  |
| Print Full Name: |  |
| Position within the Centre: |  |
| Date: |  |
| Please return your completed submission to: PIABC Limited, The Boilerhouse, Caunt Road, Grantham, Lincolnshire NG31 7FZ  If you have any queries regarding the completion of this form, please contact the PIABC Limited team either by telephone on +44 (0)1476 513884 or by email: piabc@iom3.org. | |

**ACTIONS PRIOR TO CENTRE APPROVAL (*for PIABC Limited use only*)**

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| The following actions must be completed and approved by PIABC Limited prior to approval as a PIABC Limited centre | Date for completion | *PIABC Limited to initial when action complete* |
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**RECOMMENDATIONS (*for PIABC Limited use only*)**

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| Approval is not subject to the following recommendations, but these should be put in place prior to the first monitoring visit | Date for completion |  |
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**CENTRE APPROVAL VISIT AND OUTCOME**

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| **Date of Visit** | **Name of the Approver** | **Position** | **Signature** | **Outcome** |
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**CENTRE APPROVAL**

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| --- | --- | --- | --- |
| **Name** | **Signature** | **Position** | **Date** |
|  |  |  |  |