



**Accreditation Application Form**

<b><u>Provider Details</u></b>	
	Provider Name
	Provider Legal Status
	If Other, please explain here
	Organisation Type (Please tick all that apply)
	If Other, please explain here
	Please provide your Companies House number
	Please provide your UK Provider Registration Number (UKPRN)
	Is the organisation subject to any bankruptcy or other financial arrangement?
	If yes please provide details
	Are you already delivering an Apprenticeship through another Awarding Organisation (AO) or End Point Assessment Organisation (EPAO) ?
	If yes, please specify the Apprenticeship and which AO(s)/EPAO(s)
	If appropriate, please provide evidence of certification for the above listed.
	Have you ever had registration or certification status removed or suspended for this Standard?
	Please provide a brief explanation of why registration and/or certification status was removed/suspended and corrective actions were taken. If this is not applicable please insert N/A
	Have you been subject to an Ofsted inspection in the last 3 years?
	If yes, what was the outcome of the last Ofsted inspection?
	Anticipated start date for delivery
	How many Learners do you expect to register in year 1
	How many Learners do you expect to register in year 2
	How will your Learners be funded?
	Please confirm you have read the Apprenticeship Specification, and are able to meet the requirements
	Are you intending to work in partnership with any other organisation in the delivery of the qualification(s) you are applying to offer - such as a third party or subcontractor? If so, please select from the list below which they are in
	If applicable, please attach a copy of the Partnership agreement and confirm the roles.

<b><u>Qualification Details</u></b>			
Please enter the title and full product code of the qualification(s) you are seeking approval for and how you plan to deliver these products			
Qualification Number	Qualification Title	Delivery Method (online, blended, face to face)	Delivery Length of



			teaching and learning and assessments

**Assessment Staff Details**

Please list below the details of each internal verifier, assessor and tutor/trainer who will be involved with the qualifications. Please refer to the relevant qualification handbook(s) for the requirements concerning assessment staff occupational competence/experience/qualifications. Please ensure CVs for the assessment staff listed below are included as part of your application.

No.	Name	Role (internal verifier, assessor, tutor/trainer)	Qualification
1			
2			
3			
4			
5			
6			
7			
8			

**6. Declaration**

On behalf of the Provider, I declare that:

- I am authorised to sign this declaration on behalf of the Provider; and
- the information contained in this application is correct, current and complete

First Name		Surname	
Date		Position	
Telephone		Email	