**Accreditation Application Form**

**Provider Organisation Details**

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| Please insert the full registered name of the Provider applying for accreditation below\*:  *\*If this business is a sole trader by legal status, the name of the Provider should be the name of the individual the company is legally belonging to with the proposed company name in brackets.* |
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| Please indicate the Provider legal status by choosing from the options below: |
| Choose an item. |
| Please provide your companies house reference number\*.  *\*Where this is N/A due to the above legal status, please type N/A and indicate a reason why.* |
|  |
| Please indicate if your company currently has any funding contracts with the Department for Education by selecting the most appropriate option below: |
| Choose an item. |
| Please provide details of the contract type held in the box below: |
|  |
| Please indicate the UKPRN if applicable for the Provider applying for accreditation below: |
|  |

**Provider Financial History**

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| Is the applying Provider subject to any bankruptcy or other financial arrangement\*?  *\*If yes, please provide details in the box below.* |
| Choose an item.  Detail: |
| Please provide details the financial planning arrangements for the applying Provider for the next 3 years including the source of funding for the startup of the Provider applying for accreditation below: |
|  |

**Provider Delivery History**

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| Please indicate if the Provider is delivering any qualifications with any other Awarding Organisation (AO) in the bow below, before providing details: | | | |
| Choose an item. | | | |
| Awarding Organisation (AO) | Qualification Number | Qualification Title | Qualification Level |
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| Please indicate if the Provider is delivering any apprenticeships with any other Awarding Organisation or End Point Assessment Organisation (EPAO) in the bow below, before providing details: | | | |
| Choose an item. | | | |
| Awarding Organisation/ End Point Assessment Organisation (EPAO) | Qualification Number | Qualification Title | Qualification Level |
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| Please indicate below, with a brief explanation, if accreditation, registration and/or certification status for any of the AO’s or EPAO’s detailed above has ever been suspended or removed. | | | |
|  | | | |
| Please indicate below if there are any live actions against the Provider from any other AO/EPAO: | | | |
| Choose an item. | | | |
| Please indicate the action details below if applicable from the box above: | | | |
| Details: | | | |
| Please indicate the UKPRN if applicable for the Provider applying for accreditation below: | | | |
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| Have you been subject to an Ofsted inspection in the last 3 years? |  |
| If yes, what was the outcome of the last Ofsted inspection? |  |
| Please Indicate the 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. |  |

**Qualification Details**

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| 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 |
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**Assessment Staff Details**

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| 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** |  |  |  |
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| **8** |  |  |  |

**Declaration**

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| **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 | Click or tap to enter a date. | Position |  |
| Telephone |  | Email |  |