



PROFESSIONAL
AWARDS

Centre Recognition Form

Registered Office: Kaplan Professional Awards Limited, Kaplan Professional Awards, Unit 2 Business Centre, Molly Millars Lane, Wokingham, RG41 2QZ

Registered in England No. 01028790

Email: kpaenquiries@kaplan.co.uk

Tel: 07801 665 399

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In Strict Confidence

We can support you in completing the approval application. Please email kpaenquires@kaplan.co.uk, or call on 07801 665 399 and we will be happy to assist you.

Please make a copy of this submission for you own files and return this completed form to:

Qualifications and Regulation Department
Kaplan Professional Awards
Unit 2 Business Centre
Molly Millars Lane
Wokingham
RG41 2QZ

You will receive a response within 10 working days of receipt detailing the next stage of the application process, which may be arrangements for an approval visit.

Please confirm what you are seeking approval for. Check all boxes that apply:

Apprenticeship(s)		NVQ(s)		Vocational Qualification(s)	
Other (please specify)					

A. Administration and Accountability

Centre Details

Name of Centre	
Address Line 1	
Address Line 2	
Address Line 3	
Town	
County	
Postcode	
Website Address	

If the organisation is a registered company please give details	
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Nature of Business

Please confirm the nature of your business	
Do you intend to work in conjunction with other centres?	
If yes, please attach further details	

Overseas Learners



Are you working with learners based overseas?		
Licensed Tier 4 Sponsor?		Tier 4 License Number
Details		

Contact Details

Name of person completing this application	
Job title	
Telephone number	
Fax number	
Email	

Name of administrator who will retain and manage records	
Job title	
Telephone number	
Fax number	
Email	

Please confirm that you will be able to hold all learner records securely and accurately, meeting the requirements of English Law for Data Protection Act 1998.	
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Name of person with overall responsibility for quality assurance	
Job title	
Telephone number	



Fax Number PROFESSIONAL AWARDS	
Email	

Name of person to whom invoices should be addressed	
Job title	
Telephone number	
Fax number	
Email	

Head of Centre	
Telephone number	
Fax number	
Email	

Accountable Officer/Managing Director/Principal/equivalent Executive Director details and signature of approval:

Name			
Job title			
Telephone number			
Email			
Signature		Date	

How do you plan to offer the learning and assessment opportunities to support these qualifications (please tick as appropriate)?

Full-time day	
Part-time day	
Part-time day and evening	
Part-time evenings only	
Intensive eg. weekend workshops	
Online delivery	
Any other method (please specify below)	

Please provide details of maximum Assessor /Learner ratio :

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Please detail the processes used to ensure each learner is able to attain the required level of knowledge, skills and understanding for the qualifications.

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Please detail the processes used to ensure each learner is able to generate assessment evidence which can be authenticated.

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What are your contingency plans in the event of an assessor and/or verifier illness or unexpected absence?

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PROFESSIONAL AWARDS
 Please indicate how you plan to prepare your team to assess and quality assure KPA qualifications.

Please provide examples of relevant staff development activities within your centre over the last twelve months.

Please indicate how you plan to communicate changes in KPA examination and assessment regulations, syllabus reviews, and policies. Please indicate how you communicate these matters to learners and their employers.

If your application is successful, the Centre may be required to attend relevant KPA workshops

Please indicate with signature the Centre's commitment to staff development:

Name		Position	
Signature		Date	

D. Assessment Environment

Please indicate where assessments will take place

Please provide details of any technical resources you have in place to support assessment delivery

Please outline your arrangements to fully comply with legislation and best practice in Equality and Diversity?



E. Any Other Information

Please refer to anything which you believe to be critical to our understanding of your centre and which has not been covered on the form elsewhere. For example: quality standards achieved

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F. Agreement by Principal or Chief Executive or Head of Institution/Organisation

- a) My organisation will cooperate fully with Kaplan Professional Awards (KPA)
- b) My organisation will not undertake any activity or advertising that could bring the name of KPA into disrepute.
- c) My organisation will adhere to all of KPA’s policies and procedures.
- d) No material supporting this centre approval has been plagiarised. I confirm that any material supporting this application that is the intellectual property of another person or organisation is used with the express permission of that person or organisation.
- e) My organisation will operate any required external assessments in full accordance with KPA and/or Ofqual procedures.
- f) I understand that if quality is not maintained centre approval may be withdrawn.
- g) I understand that approval of a qualification by KPA does not imply or guarantee that it will be supported by public funding bodies.
- h) I confirm that we will monitor, review and evaluate our operations, policies and procedures and keep auditable records.
- i) I confirm that information supplied to KPA for the purposes of registration and certification will be completed accurately and learners will be informed of their registration status.
- j) I confirm that we will implement the agreed equal opportunities access policies and procedures, and policies and procedures relating to learners requiring reasonable adjustments to be made.
- k) I confirm that the assessment procedure will be open, fair and free from bias.
- l) I confirm that we will make available to KPA and/or Ofqual any materials, records, information or documents associated with the delivery of the qualification(s) and allow KPA officials access to such materials, premises and learners.
- m) My organisation will not extend overseas its operational boundaries in relation to KPA qualification delivery without prior authorisation from KPA.
- n) The roles, responsibilities, authorities and accountabilities of the assessment and verification team across all sites are clearly defined, allocated and understood.
- o) I confirm that KPA will be notified of any changes, which put at risk my organisation’s ability to meet the centre approval criteria.
- p) My organisation will monitor the approval and accreditation period of all of the qualifications approved and seek re-approval as and when required.
- q) My organisation will retain evidence of learner work, records of assessment and internal verification records for a minimum period of three years following certification of the learner.
- r) My organisation will comply with KPA terms and conditions for payment of invoices.
- s) My organisation will retain a hard copy of the centre approval application for a minimum period of three years once approval has been granted.
- t) I confirm that my organisation has not previously been rejected or had withdrawn centre recognition or programme approval with any Awarding Organisation.
- u) I understand that KPA Centre Recognition may be withdrawn should my organisation remain inactive for 2 years or more.

Signature of Head of Organisation	
Print name	
Date of submission	

G. Centre Recognition Payment Form

Centre Name	
Contact Name	
Contact Details (in case of payment query)	

PAYMENT OPTIONS:

Please tick below to indicate how you have made your payment:

I enclose a cheque of £500.00 made payable to Kaplan Professional Awards. **Please state on reverse of cheque the name of your centre in order that the payment can be clearly identified.**

For credit card payments and bank transfer payments - I have made an online payment of £500.00 to:

Kaplan Professional Awards
Account number: 21659478
Sort code: 50-00-00

Please state in the online payment reference field the name of your centre in order that the payment can be identified.

Please note that Kaplan Professional Awards will not consider any application until payment has been cleared. In the case of refusal, payment will be returned minus a 25% administration fee. By signing this form, you are indicating that payment has been made.

COMPANY AUTHORISED SIGNATORY (unsigned forms will be returned)

SIGNATURE:DATE:

PRINT NAME:POSITION:

KPA reserves the right to decline Centre Approval.

Please make a copy of this submission for your own files and return this completed form and cheque (if applicable) to:

Qualifications and Regulation Department
Kaplan Professional Awards
Unit 2 Business Centre
Molly Millars Lane
Wokingham
RG41 2 QZ

Optional attachments to be included, at your discretion, are:

- i. Your current prospectus;
- ii. Your Customer Service Statement and/or complaints procedure;
- iii. Examples of how you monitor your performance and success rate.

You will receive a response within 10 working days of receipt detailing the next stage of the application process, which may be arrangements for an approval visit.

FOR KPA USE ONLY

Qualification/Centre Reviewer Details	
Name	

Review Date	
Further Evidence Date	

An appropriate person within the organisation has signed the declaration	
CVs (qualifications and subject/level experience) are appropriate to the application	
Centre resources are adequate to the qualification (Qualification approval only)	
Comments:	

Qualifications reviewed		
Qualification	Comments	Signed off

Further Evidence Required	
Number	Information Required

Outcome of Evidence Required			
Number	Complete?	Date?	Comments

Recommendations (these should not prevent approval)	

Risks identified	

Review Declaration

The Approval criteria has been met and approval agreed	
If "NO" please give reasons why:	

Reviewer		Date	
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The Centre may be granted approval for the delivery of KPA vocational qualifications	
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Qualifications Manager Name AWARDS			
Signature		Date	