

www.healthandcarelearning.wales ccpld@hclw.wales

Application for Centre & Qualification Approval This form is for organisations applying for centre and/or qualification approval for the Qualifications Wales regulated Health, Social Care and Childcare qualifications offered by City & Guilds and WJEC (excluding GCSE and GCE qualifications).

All customers should complete sections A, B & C and forward it to ccpld@hclw.wales

Version	Date	Summary of change(s)
2.0	May 2022	Email address amended to ccpld@hclw.wales on the front page
		Instruction to email completed application added to the front page
		Addition of awarding body responsible and qualification number for each qualification in Section C, 8. Qualification title
		Addition of text 'General Terms' to the City & Guilds centre contract in Section C, 11. Declaration
		Amendment to text layout in Section C, 11. Declaration

Section A Contact Details

1. Centre Details

1.1 Full centre name

1.2 Centre name to appear on certificates

(if different from above)

1.3 Centre Number

(if already approved with City & Guilds or WJEC)

1.4 Centre address

(main teaching and assessment centre to which assessment materials will be despatched)

4 lines maximum

1.5 Other administration/head office address (if different from above)

1.6 (i) Company registration number

(if applicable)

(ii) UKPRN

(if applicable)

(iii) DFE - LEA Establishment number

(if applicable)

- 1.7 Centre telephone number
- 1.8 Centre email address
- 1.9 Website
- 1.10 Fax number

2. Individual contact details 2 lines per row maximum

	Role	Name	Job title	Phone	Email
2.1	Head of Centre				
2.2	Quality Contact				
2.3	Examinations Officer				
2.4	Emergency Contact Officer				

Section B Centre Approval

3. Type of Organisation

3.1	Type of organisation	Secondary Comprehensive or Middle School
		Sixth Form College
		Secondary Selective
		Tertiary College
		Secondary Modern/High School
		Academy
		Independent (including CTCs)
		Free School
		Further Education establishment
		Private Training Provider
		Other (e.g. College of Higher Education, University Department, Tutorial College, Language School, PRU, HMYOI, HM Prison, Training Centre).
3.2	Number of years you have been established	
3.3	Please indicate any partnership arrangements (e.g. training provider working in partnership with a school or supplying services to a local authority)	
	8 lines maximum	
3.4	How are the respective partnership roles and responsibilities documented?	
	8 lines maximum	
3.5	If you are part of a larger organisation, please provide:	Name of parent organisation
		Head office address
		O. Programme and the control of the
		8 lines maximum
		Head office telephone number

3.6 Please indicate which funding stream applies to your organisation

Maintained

CTC Trust

Independent Foundation State

Aided/Special agreement

Higher Education

Controlled Skills Funding Agency/Young People's Learning Agency

HM Government Other (please specify)

Please enter age range of candidates Age minimum:

Age maximum (if over 18 enter adult):

4. Previous Applications

Please declare if your centre has had a previous application for approval refused or withdrawn by any awarding bodies or regulatory bodies, or centre sanction(s) imposed. Failure to provide full details will result in immediate withdrawal of Centre Approval.

No Centre or qualification approval refused yes Centre or qualification approval withdrawn No yes

Current centre sanction(s) e.g. suspension of registration or certification No yes

5. Existing Approvals/Accreditations

If your centre is currently accredited/approved/recognised by any other awarding bodies, regulatory bodies or professional associations, please provide details below.

Organisation	Centre number	Qualifications offered	

6. Centre systems, policies, procedures and resources

Policy/Procedure centres must have the following

Please tick to confirm that you

subr	ten policies/procedures in place prior to nitting an application (these will be checked as of the approval activity)	have the following written policies and procedures:	Evidence
6.1	Data Protection policy		
6.2	Child Protection/Safeguarding policy		
6.3	Access arrangement and special consideration policy		
6.4	Equalities/Equal Opportunities policy		
6.5	Health and Safety policy		
6.6	Public Liability Notice		
6.7	Complaints policy		
6.8	Internal Appeals and Post Results Services policy		
6.9	Conflict of interest policy		

6.10	IT policy
6.11	Recruitment and Selection policy
6.12	Organisational Structure
6.13	Continuing Professional Development (CPD) and Training policy
6.14	Malpractice policy, including plagiarism
6.15	Learner Administration policy
6.16	Internal Quality Assurance policy/Non- Examination Assessment Policy
6.17	Exams Contingency Plan/Exams Policy
6.18	Welsh Language Policy (where applicable)
6.19	All relevant resources to meet the requirements of the relevant qualification specification(s)/ handbook(s)

7. Facilities for the Storage of Confidential Materials and Candidate Work

4 lines per row maximum

Secure storage will be checked	Please tick to confirm	Please provide any additional information, if relevant
Is there a lockable safe/cabinet that is available solely for the storage of examination and other confidential assessment materials?		
Is there a lockable safe/cabinet located in a secure room?		
Are there between 2-4 keyholders for the safe/cabinet?		
Have the keyholders been trained to ensure that materials are held confidentially?		
Do you have arrangements to ensure candidates' work is kept securely?		
Is your centre permanently staffed during office hours?		
Does your centre have a reception that is staffed during office hours?		
On which floor is the secure storage room?		
Does the secure storage room have a door which leads directly to the exterior of the building?		

Section C Qualification Approval

	Approval being sought?		anguage(s) will s be assessed?	5	
8. Qualification title	Yes	English	Welsh	Expected learner numbers (year 1)	Expected start date (year 1)
City & Guilds (Level 2) Health and Social Care: Core (8040-02)					
WJEC (Level 2) Health and Social Care: Principles and Contexts (5972)					
City & Guilds (Level 2) Health and Social Care: Practice (Adults) (8040-04)					
(8040-04) (Level 3) Health and Social Care: Practice (Adults) (8040-05)					
City & Guilds (Level 3) Health and Social Care: Practice (Children and Young People) (8040-06)					
WJEC (Level 3) Health and Social Care: Principles and Contexts (4973)					
WJEC (Level 2) Children's Care, Play, Learning and Development: Core (5952)					
WJEC (Level 2) Children's Care, Play, Learning and Development: Practice and Theory (5962)					
City & Guilds (Level 2) Children's Care, Play, Learning and Development: Practice (8041-13)					
WJEC (Level 3) Children's Care, Play, Learning and Development: Practice and Theory (4963)					
City & Guilds (Level 3) Children's Care, Play, Learning and Development: Practice (8041-15)					
City & Guilds (Level 4) Professional Practice in Health & Social Care (8040-08)					
City & Guilds (Level 4) Adult Placement/Shared Lives (8040-11)					
City & Guilds (Level 4) Independent Advocacy (8040-12)					
City & Guilds (Level 4) Social Services Practitioner (8040-16)					
City & Guilds (Level 4) Preparing for Leadership and Management in Children's Care, Play, Learning and Development (8041-16)					
City & Guilds (Level 4) Preparing for Leadership and Management in Health and Social Care (8040-09)					
City & Guilds (Level 4) Professional Practice in Children's Care, Play, Learning and Development (8040-09)					
City & Guilds (Level 5) Leadership and Management of Children's Care, Play, Learning and Development: Practice (8041-18)					
City & Guilds(Level 5) Leadership and Management of Health and Social Care: Practice (8040-19)					

9. Assessment Staff Details

 $Please\ list\ below\ the\ details\ of\ each\ internal\ quality\ assurer,\ assessor\ and\ tutor/trainer\ who\ will\ be\ involved\ with\ the\ qualifications.$

4 lines maximum

Staff Name	Role (internal quality assurer, assessor, tutor/trainer/ teacher). If assessor/ IQA qualifications are not held, please state "working towards"	Holds or is working towards assessor and/or verifier qualification or significant equivalent experience	Holds relevant professional qualification or can evidence significant equivalent experience	Has undertaken relevant CPD in the past 12 months	For which City & Guilds/ WJEC qualification(s) this role applies

10. Alternative Locations

Please indicate whether practical or non-examination assessments, examinations or qualification delivery will be conducted at any location other than the centre address specified in Section A, 1.4 (or 1.5 for City & Guilds centres) of this form.

5 lines maximum

	Held in alternative location?		Relationship between centre and alternative location/s	Address and contact details of alternative location/s (if	
Туре	No	yes	(if applicable)	applicable)	
Practical non-examination assessments					
Written non-examination assessment					
Non-timetabled written examinations					
Timetabled written examinations					
Qualification delivery					

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11. Declaration

This declaration must be completed by the Head of Centre. By submitting this form you hereby confirm and agree that:

- You are authorised to submit this application form on behalf of the centre.
- The information provided in this application form is complete and accurate.
- This application represents an offer to enter into a legal agreement with:
 - City & Guilds. If your offer is accepted by City & Guilds, the City & Guilds Centre Contract will apply; and
 - WJEC. If your offer is accepted by WJEC, the <u>WJEC Centre Agreement</u> will apply.
- By submitting this application form you agree to be bound by the terms of conditions of each awarding organisation.

First Name
Surname
Position
Email
Date
Telephone
12. Information sharing
If you are seeking approval with both City & Guilds and WJEC we can consider your application jointly. If you wish your application to be considered by both organisations at the same time, we will need to share the information submitted by

If you consent to City & Guilds and WJEC sharing information as specified above, please include your signature below.

you on this application form and any other information and evidence considered as part of the approval process.

Signature (which may be typed)



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