**BCS Approved Organisation Application Form**

All applicants must complete **Section 1 – Organisation Details**.

If you are applying to deliver Education Qualifications (IT User, HEQ and Apprenticeships) please complete **Section 2 – Education Qualifications**.

If you are applying to deliver Professional Certification Qualifications, please complete **Section 3 – Professional Certification Qualifications.**

If you are applying to deliver all BCS Qualifications, please complete all sections of this form.

Please return your completed application form to the Channel Partner Quality Team at [**cpqt@bcs.uk**](mailto:cpqt@bcs.uk)

**Section One - Organisation Details**

|  |  |
| --- | --- |
| Organisation Name | Click here to enter text. |
| Address Line 1 | Click here to enter text. |
| Address Line 2 | Click here to enter text. |
| Town | Click here to enter text. |
| County / State | Click here to enter text. |
| Country | Click here to enter text. |
| Postcode / Zip Code | Click here to enter text. |
| Telephone Number | Click here to enter text. |
| Website Address | Click here to enter text. |
| UKPRN | Click here to enter text. |
| Company/Charity Name for Contract Purposes | Click here to enter text. |
| Company Number (if applicable) | Click here to enter text. |
| Data Protection Registration Number | Click here to enter text. |
| Does your organisation receive subsidies from any funding body?  If yes, please confirm the details of the funding body. | Yes  No  Click here to enter text. |
| PO Number for Application Fee | Click here to enter text. |

**Type of Organisation**

|  |  |  |
| --- | --- | --- |
| Please confirm the type of organisation you wish to register for BCS approval. | | |
| School / Education | Choose an item. |
| Private Training Provider |  |
| Employer/Training Provider |  |
| Corporate |  |
| Council / Local Authority |  |
| Voluntary Organisation / Charity |  |
| National Health Service |  |
| MoD / Emergency Services |  |
| Individual Prison Institution |  |
| Other (please specify) | Click here to enter text. |

**Main Contact**

|  |  |
| --- | --- |
| The Main Contact is required to be the primary point of contact for BCS. **They are not required to be operating at senior manager level within the organisation**. If the Main Contact is to be involved in the delivery of assessments, such as invigilating and/or marking, they must be registered for these roles separately. | |
| Title (Mr/Mrs/Miss/Ms/other) | Click here to enter text. |
| Forename | Click here to enter text. |
| Surname | Click here to enter text. |
| Job Title | Click here to enter text. |
| Email Address (Mandatory) | Click here to enter text. |
| Telephone Number | Click here to enter text. |

**Invoicing Details**

|  |  |
| --- | --- |
| Please confirm who we should contact for invoicing purposes. | |
| Contact Name | Click here to enter text. |
| Address Line 1 | Click here to enter text. |
| Address Line 2 | Click here to enter text. |
| Town | Click here to enter text. |
| County | Click here to enter text. |
| Post Code | Click here to enter text. |
| Telephone Number | Click here to enter text. |
| Invoicing Email Address (Mandatory) | Click here to enter text. |
| Preferred currency to be invoiced in | £  US$  € |
|  |  |
| Are you an eligible body under the terms of the VAT Act Notice 701/30; entitled to exemption of examination services? (Please provide evidence) | Yes  No  VAT Number: Click here to enter text. |

**Awarding Organisation and Quality Assurance Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Has your organisation received approval from another Awarding Organisation? | | Yes  No | |
| **Name** | **Dates of Approval** | **Approval/Accreditation Number** | **Qualifications Delivered** |
| Previously approved by BCS | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| AQA | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Edexcel | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| NCFE | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| OCR | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| SQA | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| ROATP | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Other (please specify) | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Please provide at least one type of supporting information, confirming approval with the Awarding Organisation(s) that you have listed above (no older than 1 year), in the form of:**

* **Approval Certificate from the Awarding Organisation**
* **Dated letter, invoice or other official document from the Awarding Organisation**

**Overseas Organisations**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the government of the country you are located in require teaching organisations to be registered? | | Yes  No  (If Yes, please complete the details below) | | |
| **Name of Government** | **Duration of Approval** | **Approval/Accreditation Number** | | **Qualifications Delivered** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. |
| If delivering in the UK, which agency have you applied for educational oversight by? | | QAA  ISI | | |
| Has an inspection been carried out? | | Yes  No | | |
| If ‘Yes’ please provide a copy of the inspection report.  If ‘No’, please provide a copy of your registration documents and details of the inspection date (if known) | | | | |
| Do you have plans to apply for educational oversight in the future? | | | Yes  No | |
| What is the state of your UKBA Tier 4 License (UK Only, if applicable) | | | Click here to enter text. | |

**Quality Management Systems**

|  |  |
| --- | --- |
| Do you hold an **ISO 9001** Certificate? | Yes  No |
| Do you hold an **ISO 22301** Certificate? | Yes  No |
| Do you hold an **ISO 27001** Certificate? | Yes  No |

**Required Documentation**

|  |  |
| --- | --- |
| Please confirm that you hold the following documentation. | |
| Quality Assurance Policy  Details your commitment to quality assurance and references processes that support this. | Yes  No |
| Complaints Procedure  Details how learner complaints are managed within your organisation. | Yes  No |
| Appeals Procedure  Details how learner appeals are managed within your organisation. | Yes  No |
| Malpractice and Maladministration Policy  Details how malpractice and maladministration is managed within your organisation. | Yes  No |
| Equalities Policy  Details your commitment to provide equal opportunities and how this is demonstrated through working practices | Yes  No |
| Reasonable Adjustments and Special Considerations Policy  Details how learner requirements are met within your organisation. | Yes  No |
| Identification Checks Procedure  Details your processes for checking learner identification (if applicable). | Yes  No |
| Assessment Security  Details your commitment to ensure the security of the assessment material before, during and after an examination | Yes  No |
| Employer and Public Liability Insurance Certificate | Yes  No |
| Safeguarding Policy  Details your commitment to protecting children, young people and vulnerable adults whilst a learner of your organisation | Yes  No |

**Publicity on the BCS website**

|  |  |  |
| --- | --- | --- |
| Do you wish for your details to be published on the BCS website for the certifications and/or standards you become accredited to offer? | | Yes  No |
| If you have ticked ‘Yes’ to the above, and wish to use alternative information that what was supplied in the Organisation Details section of this form please provide below. | | |
| Organisation Name | Click here to enter text. | |
| Address Line 1 | Click here to enter text. | |
| Address Line 2 | Click here to enter text. | |
| Town | Click here to enter text. | |
| County / State | Click here to enter text. | |
| Postcode / Zip Code | Click here to enter text. | |
| Telephone Number | Click here to enter text. | |
| Website Address | Click here to enter text. | |
| Certifications/Standards you wish to be published | Click here to enter text. | |
| 100 words about your organisation | Click here to enter text. | |
| Logo | Click here to enter text. | |

**Data Protection Act Notice**

|  |
| --- |
| BCS will hold your personal data on its computer database. This information may be accessed, reviewed and used by BCS for administrative purposes, conducting market research and informing you of products and services that may be of interest to you. If you are based outside the European Economic Area (the ‘EEA’), information about you may be transferred outside of the EEA. BCS’s privacy policy can be found at [www.bcs.org](http://www.bcs.org)  We do not release personal data to third parties for marketing purposes.  If you do not want to be contacted by BCS informing you of new products and services, please tick this box. |

**Declaration**

|  |  |
| --- | --- |
| I declare that I am authorised by the organisation to supply the above information and that it is accurate as of the date of submission, to the best of my knowledge. | |
| Name: Click here to enter text.  Role: Click here to enter text. | Date:Click here to enter a date. |

**Section Two - Education Qualifications**

|  |  |
| --- | --- |
| Which Education Qualification(s) do you wish to offer? | |
| IT User Qualifications  Higher Education Qualifications  Apprenticeships | Yes  No  Yes  No  Yes  No |
| For the Education Qualification that you have ticked ‘Yes’ to above, please list the qualification / unit / standard that you wish to offer | |
| Click here to enter text. | |

**Assessment Method**

|  |  |
| --- | --- |
| Which assessment method(s) will you use? | Tested – Automated (Online)  Evidence Based |

**Staff**

|  |  |
| --- | --- |
| **Centre Manager** | |
| If the Centre Manager is different from the Main Contact, please provide the details below.  The Centre Manager is required to be the single point of contact for BCS and is responsible for overseeing the quality assurance, management and delivery of BCS qualifications and staff roles within the organisation. **They are not required to be operating at senior manager level within the organisation**. If the Centre Manager is to be involved in the delivery of assessments, such as invigilating and/or marking, they must be registered for these roles separately. | |
| Title (Mr/Mrs/Miss/Ms/other) | Click here to enter text. |
| Forename | Click here to enter text. |
| Surname | Click here to enter text. |
| Job Title | Click here to enter text. |
| Email Address (Mandatory) | Click here to enter text. |
| Telephone Number | Click here to enter text. |
| Location (Main/Satellite name) | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Mandatory Invigilators** | | | |
| The delivery of any Education Qualification requires a minimum of 2 members of staff to be registered as Invigilators.  Please confirm that you are able to meet this requirement? (Invigilator information will be required before access to live assessments is granted) | | | |
| Click here to enter text. | | | |
| If you know the names of these Invigilators, please provide their details below | | | |
| **Forename** | **Surname** | **Email Address (Mandatory)** | **Location** (Main/Satellite name) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Additional Staff Members** | | | | |
| For some Education Qualifications, the following roles are also required:   |  |  | | --- | --- | | Evidence Based Assessment | Minimum of 1 Assessor and 1 Internal Verifier *(2 staff names required)* | | Apprenticeships & Higher Education Qualifications | Minimum of 1 Tutor per standard/qualification *(please provide a copy of their CV)* |   For other administrative roles including the management of learner registrations, result submission and certification; please register staff members for the Administrator role.  Please confirm that you are able to meet these requirements (staff information will be required before access to live assessments is granted) | | | | |
| Click here to enter text. | | | | |
| If you know the names of the staff members who will be carrying out these roles, please provide their details below. | | | | |
| **Forename** | **Surname** | **Email Address**  **(Mandatory)** | **Location** (Main/Satellite name) | **Role(s)**  (Marker, Invigilator, Internal Verifier, Assessor, Tutor, Admin) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Apprenticeship Management**

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| --- | --- |
| If you are applying to offer Apprenticeships, please provide an overview of your Apprenticeships management procedures including:   * Contract between Employer, Accredited Organisation and Apprentice * Management of learning and teaching * Agreement on EPA costs (agreed at contract,cost of EPA agreed between ATP an employer, cost of resit) * Approach to curriculum design, including use of vendor or professional certification (are they intending to use) | |
| Click here to enter text. | |
| Is your organisation registered with The Education and Skills Funding Agency to deliver apprenticeship training?  If yes, please confirm your registration number. | Yes  No  Click here to enter text. |

**Section Three - Professional Certification Qualifications**

|  |
| --- |
| Which Professional Certification Qualification(s) do you wish to offer? |
| Click here to enter text. |

**Staff**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please confirm the details of all staff members who will be supporting the course delivery. | | | | |
| **Forename** | **Surname** | **Email Address**  **(Mandatory)** | **Telephone Number** | **Role(s)**  (Trainer/Tutor, Invigilator, Administrator) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Course Details**

|  |  |
| --- | --- |
| BCS Qualification Title | Click here to enter text. |
| Name of Training Provider Course | Click here to enter text. |
| Course Format  e.g. classroom based, modular, distance learning | Click here to enter text. |
| Duration of Course  (Days and Hours) | Click here to enter text. |

**If you are applying to deliver the Professional Level Business Analysis portfolio or ISTQB/ASTQB portfolio, you will also be required to complete the Course Application Form V5.0**