



[www.healthandcarelearning.wales](http://www.healthandcarelearning.wales)  
[approval@hclw.wales](mailto:approval@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**

# Section A Contact Details

## 1. Centre Details

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1.1 Full centre name

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1.2 Centre name to appear on certificates  
(if different from above)

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1.3 Centre Number  
(if already approved with City & Guilds or WJEC)

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1.4 Centre address  
(main teaching and assessment centre to which  
assessment materials will be despatched)  
**4 lines maximum**

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

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1.6 (i) Company registration number  
(if applicable)  
(ii) UKPRN  
(if applicable)  
(iii) DFE – LEA Establishment number  
(if applicable)

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1.7 Centre telephone number

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1.8 Centre email address

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1.9 Website

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1.10 Fax number

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## 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

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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).

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3.2 Number of years you have been established

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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**

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3.4 How are the respective partnership roles and responsibilities documented?  
**8 lines maximum**

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3.5 If you are part of a larger organisation, please provide:

Name of parent organisation

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Head office address

**8 lines maximum**

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Head office telephone number

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Head office email address

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- 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)

- 3.7 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.**

Centre or qualification approval refused	yes	No		
Centre or qualification approval withdrawn	yes	No		
Current centre sanction(s) e.g. suspension of registration or certification			yes	No

#### 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
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## 6. Centre systems, policies, procedures and resources

Policy/Procedure centres must have the following written policies/procedures in place prior to submitting an application (these will be checked as part of the approval activity)

Please tick to confirm that you have the following written policies and procedures:

Evidence

6.1 Data Protection policy

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6.2 Child Protection/Safeguarding policy

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6.3 Access arrangement and special consideration policy

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6.4 Equalities/Equal Opportunities policy

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6.5 Health and Safety policy

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6.6 Public Liability Notice

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6.7 Complaints policy

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6.8 Internal Appeals and Post Results Services policy

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6.9 Conflict of interest policy

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6.10 IT policy

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6.11 Recruitment and Selection policy

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6.12 Organisational Structure

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6.13 Continuing Professional Development (CPD) and Training policy

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6.14 Malpractice policy, including plagiarism

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6.15 Learner Administration policy

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6.16 Internal Quality Assurance policy/Non-Examination Assessment Policy

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6.17 Exams Contingency Plan/Exams Policy

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6.18 Welsh Language Policy (where applicable)

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6.19 All relevant resources to meet the requirements of the relevant qualification specification(s)/ handbook(s)

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## 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?

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Is there a lockable safe/cabinet located in a secure room?

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Are there between 2-4 keyholders for the safe/cabinet?

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Have the keyholders been trained to ensure that materials are held confidentially?

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Do you have arrangements to ensure candidates' work is kept securely?

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Is your centre permanently staffed during office hours?

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Does your centre have a reception that is staffed during office hours?

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On which floor is the secure storage room?

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Does the secure storage room have a door which leads directly to the exterior of the building?

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## Section C Qualification Approval

8. Qualification title	Approval being sought?	In which language(s) will candidates be assessed?		Expected learner numbers (year 1)	Expected start date (year 1)
	Yes	English	Welsh		
(Level 2) Health and Social Care: Core (#2)					
(Level 2) Health and Social Care: Principles and Contexts (#3)					
(Level 2) Health and Social Care: Practice (Adults) (#4)					
(Level 3) Health and Social Care: Practice (Adults) (#5)					
(Level 3) Health and Social Care: Practice (Children and Young People) (#6)					
(Level 3) Health and Social Care: Principles and Contexts (7)					
(Level 2) Children's Care, Play, Learning and Development: Core (#11)					
(Level 2) Children's Care, Play, Learning and Development: Practice and Theory (#12)					
(Level 2) Children's Care, Play, Learning and Development: Practice (#13)					
(Level 3) Children's Care, Play, Learning and Development: Practice and Theory (14)					
(Level 3) Children's Care, Play, Learning and Development: Practice (#15)					
(Level 4) Professional Practice in Health & Social Care (#8)					
(Level 4) Adult Placement/Shared Lives (#11)					
(Level 4) Independent Advocacy (#12)					
(Level 4) Social Services Practitioner (#13)					
(Level 4) Preparing for Leadership and Management in Children's Care, Play, Learning and Development (#16)					
(Level 4) Preparing for Leadership and Management in Health and Social Care (#17)					
(Level 4) Professional Practice in Children's Care, Play, Learning and Development (#17)					
(Level 5) Leadership and Management of Children's Care, Play, Learning and Development: Practice (#18)					
(Level 5) Leadership and Management of Health and Social Care: Practice (#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
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## 10. Alternative Locations

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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**

Type	Held in alternative location?		Relationship between centre and alternative location/s (if applicable)	Address and contact details of alternative location/s (if applicable)
	No	yes		

Practical non-examination assessments

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Written non-examination assessment

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Non-timetabled written examinations

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Timetabled written examinations

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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 Guilds Centre Contract will apply.
  - WJEC. If your offer is accepted by WJEC, the WJEC Centre Agreement will apply.
- By submitting this application form you agree to be bound by the terms of conditions of

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 to be considered by both organisations at the same time, we will need to share to you on this application form and any other information and evidence considered as part of the

If you consent to City & Guilds and WJEC sharing information as specified above, please indicate

Signature (which may be typed)



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