**ECITB Approved Centre Application Expression of Interest Form**

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| Centre Number (ECITB use only) | | |  | | | | | |
| Company Name: | | |  | | | | | |
| Company Registration Number: | | |  | | | | | |
| Address: | | |  | | | | | |
| County: | | |  | | | | | |
| Post Code: | | |  | | | | | |
| Telephone: | | |  | | | | | |
| Fax Number | | |  | | | | | |
| Website: | | |  | | | | | |
| Please indicate if the organisation is an ‘in-scope’ employer | | | Choose an item. | | | | | |
| Name of the main contact: | | | Full Name: |  | | | | |
| Position: |  | | | | |
| Email: |  | | | | |
| Telephone: |  | | | | |
| Outline any existing relationship with ECITB | | |  | | | | | |
| Please provide a brief summary of why you would like to offer ECITB qualification(s) | | |  | | | | | |
| Please list the qualifications for which you are seeking approval and estimated learner numbers within the first year | | | Qualification Title | | | | | Est.Learner Nos |
|  | | | | |  |
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|  | | | | |  |
| Do you have experience of assessing regulated vocational qualifications | | |  | | | | | |
| Do you have a competent and qualified Assesment team in place | | |  | | | | | |
| Do you intend to work in Partnership with any other organisation in relation to delivery and/or assessment of ECITB qualifications | | |  | | | | | |
| Please provide details of any other awarding organisation you are recognised and approved to offer qualifications by. | | |  | | | | | |
| Provide details, and current status, of any sanction(s)/ restriction(s) imposed by any other awarding organisation within the last 18 months (noting that any misleading information may impact on your approval status). | | |  | | | | | |
| Has your centre been refused centre recognition or qualification approval by another awarding organisation within the last 18 months for any qualification (if so, please provide details)? | | |  | | | | | |
| I confirm and declare that  (1) I am authorised by the Applicant to supply the information given above and to request Approved Centre approval and at the date of signing, the information provided is a true and accurate record to the best of my knowledge; and  (2) I am authorised to agree to the obligations, conditions and other matters required by the regulator on behalf of the Applicant. | | | | | | | | |
| **Name:**  **(Please print)** |  | | | | **Position:** | |  | |
| **Signature:** |  | | | | **Date:** | | Click or tap to enter a date. | |
| **Advisory Phone Call** | | | | | **Date** | | Click or tap to enter a date. | |
| **Name:**  **(Please print)** |  | | | | **Position:** | |  | |
| **Notes** |  | | | | | | | |
| **Email to proceed to Stage 3 Finance & Legal Check** | | | | | | Click or tap to enter a date. | | |
| **Name:** | |  | | | **Signature** |  | | |