**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 |
|  |  |
|  |  |
|  |  |
| 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** |  |