

Centre approval enquiry form

Customers wishing to apply for centre approval to provide OAL qualifications should complete and sign the form below.

Customers are encouraged to read the Centre Approval Guidance document before completing the form below. The completed form should be emailed to quality@oawards.co.uk. OAL will confirm receipt of your centre approval enquiry and email arrangements for the centre approval process to be completed through the OAL Portal.

Should customers wish to discuss the centre approval process, fees or OAL arrangements in relation to specific qualifications please contact a member of the team at:

quality@oawards.co.uk or 01904 236483.

1. Organisation details

Organisation name

Address (main site)

Phone number

Email

Name of responsible person(s)

Contact details of responsible person(s)

Billing address if different from main address

Address

Email

Phone number

Address to send certificates if different from main address

Address

Email

Phone

Type of centre, please tick one

Adult education centre		International centre	
Armed forces		Prison/Youth Offender Institution	
Charity		Private training provider	
Employer		Sixth Form college	
FE college		University/HE Provider	
Government/NHS		Voluntary Organisation	

2. Organisation status

Registered company number

UKPRN number (if applicable)

Legal status, please tick one	Limited company	
	Partnership	
	Sole Trader	
	Registered charity	
	Other	

Is the organisation subject to any bankruptcy or other financial arrangements?

No		Yes, please provide details in section 4	
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3. Persons with significant control

May include: Executive Chairman, Executive Director, Company Secretary, Principal, Chief Executive, Managing Director.

Has any person with significant control of the organisation had any:

a) criminal convictions held by him or her

No		Yes, please provide details in section 4	
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b) finding by a court or any professional, regulatory, or government body that he or she has breached a provision of any legislation or regulatory obligation to which he or she is subject

No		Yes, please provide details in section 4	
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c) proceedings in bankruptcy or any individual financial arrangement to which he or she is or has been subject

No		Yes, please provide details in section 4	
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d) disqualification from holding the directorship of a company or from public office

No		Yes, please provide details in section 4	
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e) finding of malpractice or maladministration, in relation to a qualification to which he or she is or has been subject

No		Yes, please provide details in section 4	
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4. Additional information

Please provide details below if you have answered yes to any of the questions in section 2 and 3 above. Please provide as much information as possible. Your answers will be treated in confidence.

5. Contact information

Centre contact details

Please provide details of the person completing this form who will be the main centre contact.

Name

Job title

Contact number(s)

Email address

Declaration

Please sign the declaration to confirm that the information you have provided is accurate and you wish to apply for centre approval to provide OAL qualifications.

Name

Signature

Date
