**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](mailto: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.oc.uk](mailto:quality@oawards.oc.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 |  |

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

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 |  |