

1. Centre Details

1.1 Full Centre name			
1.2 Full address			
1.3 Certificate delivery address (if different to above)			
1.4 Main telephone (landline)		1.5 Mobile	
1.6 Main email address		1.7 Website	

1.8 Legal status of organisation (e.g. sole trader, partnership, limited company, charity)

1.9 Companies House registration name and number (if applicable)

1.10 Charity Commission number (if applicable)

1.11 UKPRN Centre number (if applicable)

1.12 Is this a partnership agreement? (i.e., is this application made together with another training Centre?)

Yes	No
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If yes, provide the name of the partner Centre(s)

If yes, state the nature of the partnership agreement (e.g. legal partnership, memorandum of understanding etc.) including which organisation has lead accountability. We will need to discuss this arrangement with you prior to progressing your application

1.13 Does your Centre wish to deliver qualifications under your Centre name or a trading name?

Centre name	Trading name
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If using a trading name, state the reason for this

1.14 Does your Centre receive bookings/referrals/learners via a third party e.g. booking agent?

Yes	No
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If yes, provide the name of the third party(ies) and the nature of the arrangement. By signing this application form you are confirming that you understand and accept that as the head of centre, you retain full responsibility for quality assurance and for maintaining full compliance with all requirements. None of these responsibilities may be passed to

a third party.

1.15 Please select the most appropriate Centre type for your organisation

Adult Education Centre		Overseas Centre	
Armed Forces		Private Training Provider	
Employer		School	
FE or Tertiary College		Sixth Form College	
HM Prison/YOI		University or HE Institution	
Central/Local Government/NHS		Voluntary Organisation	

2. Key Contacts

Please refer to the Guidance for Centres on Centre Recognition Application Form, for details on the responsibilities of each role. One person may hold more than one role, but may not be responsible for all of them. Individual email addresses must be given for each individual; one email address for all roles is not acceptable. Please also note that where they are required, the Head of Centre is responsible for ensuring that forms submitted to LASER are completed fully and accurately.

2.1 Head of Centre

First Name		Middle Name		Surname	
Job Title					
Tel		Email Address			

2.2 Overall Quality Manager/Director

First Name		Middle Name		Surname	
Job Title					
Tel		Email Address			

2.3 Centre Contact

First Name		Middle Name		Surname	
Job Title					
Tel		Email Address			

2.4 Curriculum Development Contact

First Name		Middle Name		Surname	
Job Title					
Tel		Email Address			

2.5 Quality Assurance Contact

First Name		Middle Name		Surname	
Job Title					
Tel		Email Address			

2.6 Administration Contact

First Name		Middle Name		Surname	
Job Title					
Tel		Email Address			

2.7 Finance Contact			
First Name		Middle Name	
Job Title			
Tel		Email Address	

2.8 Have any of the above-named contacts ever for any reason had their application refused, or approval withdrawn, or been banned, or had a temporary suspension imposed, by any Awarding Organisation, when working at or for any Centre?

Yes	No
If yes, provide the name of the contact(s), the name of the Centre, the Awarding Organisation(s), and full details including relevant dates	

2.9 Have any of the above-named contacts ever worked (directly employed or otherwise) at a Centre which for any reason has had its application refused, or approval withdrawn, or been banned, or had a temporary suspension imposed, by any Awarding Organisation?

Yes	No
If yes, provide the name of the contact(s), the name of the Centre, the Awarding Organisation(s), and full details including relevant dates	

2.10 Are any of the above-named contacts currently under investigation for any reason by any Awarding Organisation, Ofqual, the SIA, or any other authority?

Yes	No
If yes, provide the name of the contact(s) and full details of the investigation including the authority leading it	

2.11 Do any of the above named contacts work (directly employed or otherwise) for any Centre which is currently under investigation for any reason by any Awarding Organisation, Ofqual, the SIA, or any other authority?

Yes	No
If yes, provide the name of the contact(s), the name of the Centre, and full details of the investigation including the authority leading it	

3. Qualifications

3.1 Please list qualifications for which you are seeking approval.

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3.2 Please list any qualifications for which you are seeking approval, which would be delivered using self-study in addition to face-to-face contact time.

Qualification to be delivered using self-study

3.3 Please list any qualifications for which you are seeking approval, for which you plan to use online assessment, and for each state whether this would be invigilated using a proctored system (state which), or invigilation in person at a test Centre.

Qualification to be assessed online	Proctored (state system to be used) or in-person invigilation

4. Training Materials

Applications for SIA Licence-Linked Qualifications in the Security Sector Only

4.1 The physical intervention elements of the qualifications can only be delivered using an Approved PI Training Programme (see the SIA web site for details). Please list the Approved PI Training Programme(s) your Centre will use.

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5. Centre Recognition

5.1 Has this Centre (in its current name or any previous names) ever had an application for Centre recognition/approval refused, or approval withdrawn, or been banned, or had a temporary suspension imposed, by any Awarding Organisation?

Yes	No
If yes, provide full details including the name of the Centre if different, the Awarding Organisation(s), relevant dates, and reasons	

5.2 Is the Centre (in its current name or any previous names) currently under investigation for any reason by any Awarding Organisation, Ofqual, the SIA, or any other authority?

Yes	No
If yes, provide full details of the investigation including the authority leading it and the name of the Centre if different	

5.3 Does the Centre already have recognised/approved Centre status for any qualification(s) with any other Awarding Organisation?

Yes	No
If yes, list the Awarding Organisation(s) and submit a copy of the confirmation letter and/or certificate of recognition/approval issued to your Centre	

6. Internal Quality Assurance

6.1 What quality systems do you have in place (or proposed) for internal quality assurance (IQA) and on-going quality assurance? Include reference to your Centre's IQA policy.

7. Required Documents

The Centre must have all of the following policies, procedures and statements in place at the time of application. Electronic documents attached to the submission are preferred.

Ref	Document	Confirm included
a	Learner Appeals Policy and Procedure	
b	Complaints Policy and Procedure	
c	Internal Quality Assurance Policy and Procedure	
d	Malpractice and Maladministration Policy and Procedure	
e	Registrations and Examinations Procedure (including identity checks)	
f	Unique Learner Number Procedure <i>If claiming public funding for any qualifications being delivered</i>	
g	Access to Fair Assessment Statement	
h	Disability Discrimination Policy	

i	Equal Opportunities and Diversity Policy	
j	Health and Safety Policy	
k	Disclosure and Barring Service (DBS) check Policy (if relevant)	
l	Recognition of Prior Learning Policy	
m	Employer's Liability Insurance	
n	Public Liability Insurance	
o	Professional Indemnity	
p	Data Protection Policy (with no reference to 1998)	

Guidance and suggestions on contents of policies and procedures can be found in the *Guidance for Centres on Completing the Centre Recognition Application Form*.

8. Centre Description

8.1 Please describe the organisational structure of your Centre. Include an Organisation Chart, either as an electronic attachment or copied into the box below.

8.2 Please describe your Centre in terms of its purpose, history and experience of staff.

8.3 Please describe your Centre's experience of delivery and assessment of learning.

8.4 Please state how you can evidence that your Centre is financially secure and will be able to pay invoices on time, as well as manage any learners to the end of their respective courses should the Centre close for any reason mid-course.

9. Centre Declaration

I declare that I am authorised by the Centre to supply the information given above, and at the date of signing, the information provided is a true and accurate record to the best of my knowledge.

Please select as appropriate:

I am the Head of Centre

I am authorised by the Centre to sign this application on behalf of the Centre.

Must be one of the above named contacts from section 2

Name	
Position in Company	
Signature	
Date	

Please submit this form electronically with attachments relating to section 7 to:
enquiries@laser-awards.org.uk

Laser Learning Awards reserves the right to refuse approval at any stage of the application process. The reason for refusal may be given but no further details will be supplied. Please refer to the LASER Centre and Individual Approval Policy and Procedures available on the LASER website for further details.