

Application for Centre Recognition as a Trident Awards Centre

1. Centre Details

1.1 Full Centre Name			
1.2 Full address			
1.3 Postcode			
1.4 Telephone		1.5 Fax	
1.6 Email		1.7 Website	

1.8 Type of Organisation (e.g. sole trader, partnership, limited company)

1.9 Companies House registration name and number

1.10 Charity Commission number *(if applicable)*

1.11 VAT number *(if applicable)*

1.12 UKPRN Centre number *(if applicable)*

1.13 Is this a Partnership Agreement? *(i.e. is this application made together with another training centre?)*

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please provide the name of the partner centre(s)

If yes, please state the nature of the partnership agreement (e.g. legal partnership, memorandum of understanding etc.) including which organisation has lead accountability.

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1.13a Does your centre use any other trading names other than the full centre name given 1.1?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide your other trading name(s)	
If yes, please state the reason for using other trading names.	
Please explain clearly the relationship between your own organisation/centre and your other trading name organisations.	

1.14 Does this centre receive bookings/referrals/learners via a third party eg Get Licensed?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide the name of the third party(ies) and the nature of the arrangement	

1.15 Please select the most appropriate centre type for your organisation

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

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2. Key Contacts

Please refer to the Guidance for Centres on Completing the Centre Recognition Application Form for details of responsibilities of each role. One person may hold more than one role.

Please also note that the **Centre Contact** is responsible for ensuring that **Nominated Trainer Application Forms** (CR1s), Training and Examination Room Assessment Checklists (CR2s), and if applicable CCTV Practical Assessment Room Checklists (CR3s), are fully and accurately completed and submitted both with initial application and subsequently as necessary.

2.1 Head of Organisation	
Name	
Position	
Tel	
Email Address	

2.2 Overall Quality Manager/Director	
Name	
Position	
Tel	
Email Address	

2.3 Centre Contact	
Name	
Position	
Tel	
Email Address	

2.4 Curriculum Development Contact	
Name	
Position	
Tel	
Email Address	

2.5 Quality Assurance Contact	
Name	
Position	
Tel	
Email Address	

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2.6 Administration/Examination Contact	
Name	
Position	
Tel	
Email Address	

2.7 Finance Contact	
Name	
Position	
Tel	
Email Address	

2.8 Have any of the above named contacts ever been a named contact at a centre which has had its approval withdrawn by any Awarding Organisation, and/or been banned from working with any Awarding Organisation?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide the name of the contact(s), the name of the centre, the Awarding Organisation(s), and the details including the date that approval was withdrawn.	

2.9 Are any of the above named contacts currently under investigation by Ofqual, the SIA or any other Awarding Organisation?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide the name of the contact(s), the name of the centre, the Awarding Organisation(s), and the details including the date that approval was withdrawn.	

2.10 Have any of the above named contacts ever worked for a centre which has had a temporary suspension from an Awarding Organisation?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide the name of the contact(s), the Awarding Organisation(s), and the details of the temporary suspension, if known	

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3. Qualifications

3.1 Please tick the appropriate box(es) to indicate the qualification(s) for which you are seeking approval.

<input type="checkbox"/> LASER Level 2 Award in Cash and Valuables in Transit
<input type="checkbox"/> LASER Level 2 Award in Door Supervision
<input type="checkbox"/> LASER Level 2 Award in CCTV Operations (Public Space Surveillance)
<input type="checkbox"/> LASER Level 2 Award in Security Guarding
<input type="checkbox"/> LASER Level 2 Award for Upskilling Door Supervisors

3.2 Please list any other LASER qualifications for which you are seeking approval.

4. Training Materials

4.1 The physical intervention elements of the qualification 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, or a centre for which any of the current staff worked at the time, ever had an application for centre recognition refused or withdrawn by an Awarding Organisation? If so, please give full details including relevant dates and names.

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5.2 Is the Centre under investigation by Ofqual; the SIA or any other Awarding Organisation?

5.3 Does the centre already have recognised/approved centre status for one or more of the qualifications listed in 3.1 above? If so, please list the Awarding Organisation(s), and submit a copy of the confirmation letter and/or certificate of recognition issued to your centre.

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6. Quality Assurance

5.3 What quality assurance systems does the centre have in place (e.g internal verification) (IP, ISO9001) If applicable please state the organisation and quality assurance initiatives concerned and include the date and outcome of the last inspection.

7. Required Documents

The Centre must have all of the following policies, procedures and statements in place (both from section A and section B) at the time of application.

Section A

The following must be provided to Trident Awards at the time of application. Electronic documents attached to the submission are preferred.

Ref	Document	Confirm included
a	Learner Appeals Policy and Procedure	<input type="checkbox"/>
b	Complaints Policy and Procedure	<input type="checkbox"/>
c	Internal Quality Assurance Policy and Procedure	<input type="checkbox"/>
d	Malpractice Policy and Procedure	<input type="checkbox"/>
e	Registrations and Exams Procedure (including identity checks)	<input type="checkbox"/>
f	Unique Learner Number Procedure <i>If claiming public funding for any qualifications being delivered</i>	<input type="checkbox"/>

Section B

The following must be available in the Centre for inspection at the first review visit.

- g. Access to Fair Assessment Statement
- h. Disability Discrimination Policy
- i. Equal Opportunities and Diversity Policy
- j. Health and Safety Policy
- k. Criminal Record Checking Policy
- l. Recognition of Prior Learning Policy
- m. Employer's Liability Insurance. If none held please provide explanation below.

- n. Public Liability Insurance

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 your Centre in terms of its history, experience and purpose.

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8.2 Describe the experience of delivery and assessment of learning, and specifically of credit based learning, and experience with other Awarding Organisations.

8.3 Is the Centre financially secure? Please state how you can evidence this.

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8.4 Please describe the organisational structure of your centre. Include a structure diagram either as an electronic attachment or copied into the box below.

8.5 Please confirm that a **Nominated Trainer Application Form (CR1)** will be completed for every trainer used for each of the qualifications listed in 3.1 above.

Yes

8.6 Please confirm that a **Training and Examination Room Assessment Checklist (CR2)** will be completed for every venue used for examinations relating to each of the qualifications listed in 3.1 above.

Yes

8.7 Please confirm that a **CCTV Practical Assessment Room Checklist (CR3)** will be completed for every venue used for practical assessments of the LASER Level 2 Award in CCTV Operations (Public Space Surveillance).

Yes

8.8 Please confirm that the centre has systems in place to verify and check the **photographic identification** provided by all candidates undertaking examinations relating to each of the qualifications listed in 3.1 above.

Yes

8.9 Please confirm that you agree to Trident Awards collecting, processing and exchanging personal data in accordance with the terms of the current Data Protection Act for the purposes of **SIA licence application submissions**.

Yes

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

Signature	
Name	
Role	
Date	

Please tick only if you do NOT want to receive Trident Awards updates

Trident Awards will not pass your details to any other organisation for marketing purposes.

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Please submit this form electronically with attachments relating to 7A above, to Trident Awards (see web site for details www.trident-awards.org.uk).

Please also include the following completed forms for the qualifications in 3.1 above:

- Nominated Trainer Application Form CR1 (one for each trainer delivering the qualifications) complete with passport-sized photograph and photocopies of certificates.
- Training and Examination Room Assessment Checklist CR2.
- CCTV Practical Assessment Room Checklist CR3 (if relevant).

Trident Awards reserves the right to make a charge of £125.00 if a minimum of 12 qualification registrations are not made within three months of approval. if additional development/quality assurance visits are required; if an unannounced visit is carried out and the course or exam is not taking place in the notified venue; and/or if malpractice is identified as a result of a visit there will be a charge of £250.00 per visit plus travel expenses.