

Annual qualification approval form  
(for use by Centres who wish to offer Institute  
of British Sign Language qualifications)



**FORM QAP1**

(This form is available in electronic format)

Please complete in **black ink** and **block capitals**

**Q1.** Please enter appropriate details. All formal correspondence and documentation will be sent to the address you provide.

Name of Centre .....

Address .....

.....

.....

.....Postcode.....

Telephone no. ....Fax no. ....

Email address .....

**Q2.** Centre number (if allocated) .....

**Q3.** Name of person who will be responsible for the quality assurance of all IBSL qualifications your Centre intends to offer. This person will be referred to as the Qualifications Co-ordinator (QC)

.....

Official position .....

Email address .....

**Q4.** Telephone no. ....Fax no. ....  
(if different from above) (if different from above)

**Q5.** Please confirm that your Centre has a relevant portfolio of policy documents including H&S policies, Equality & Diversity policies, Complaints and Appeals Procedures, Malpractice policy &c and indicate whether these are available in electronic version.

Yes

Q6. Please list details of the full qualifications you wish to offer			
Qualification title	Level	Approximate date(s) you intend to offer the first assessments	Approximate number of anticipated entries

Q7. Please list the location and telephone numbers of all sites where you intend to deliver the qualifications.
<i>Location 1</i>
<i>Location 2</i>

Q8. Please confirm that as a condition of delivering these qualifications, the Teacher-Assessor will commit to attending a mandatory Annual Standards Meeting	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Declaration** *(Please retain one copy of this form for your records)*

**Q9.** Declaration (to be signed by an authorised person on behalf of centre)

I declare that the information contained in this application is correct and current, and that I am authorised to sign on behalf of the centre.

I agree to pay the appropriate non-refundable fee(s) for the processing of this qualification approval application, and shall be obliged if you will invoice my centre upon receipt of this application. (Payment of this invoice will be subject to the normal trading terms.)

The centre agrees that:

- It will operate according to IBSL’s policies, regulations, requirements, procedures and guidelines as set out in IBSL’s website under “Key Policy Documents”, and/or any relevant guidelines issued to learners, assessors and centres, and any revisions or additions to those policies, regulations, requirements, procedures and guidelines which apply from time to time.

The centre also acknowledges that by signing this agreement, it will:

- Formally agree to provide IBSL or Regulatory Authorities (such as Ofqual) access to premises, people and records when required.

Surname.....Forename.....Title.....  
(BLOCK CAPITALS)  
Official Position.....

Signature.....Date.....

**Please send the completed form to the Institute of BSL office by email [admin@ibsl.org.uk](mailto:admin@ibsl.org.uk)**

**Hard copies of documentation etc. should be sent to the IBSL office at: Empire Court 2<sup>nd</sup> Floor, 20-30 Museum Street, Warrington, WA1 1HU.**

**Retain one copy for your records.**