

CVET Application Form

CENTER DETAILS		
Center Name:		
Main address:		
Email:		
Fax Number:		
Postcode:		
Main Tel:		
Website:		
Center Type:		
Armed Forces <input type="checkbox"/>	University or HE Institution <input type="checkbox"/>	School <input type="checkbox"/>
Employee <input type="checkbox"/>	Private Teaching Center <input type="checkbox"/>	
Other (please specify) <input type="checkbox"/>		

CENTER DESCRIPTION	
1 Describe your center in terms of its history, experience and purpose. Please include the center's experience of delivery and assessment of learning.	
2 Please outline the VEC qualifications you intend to offer and your intended number of candidates.	
3 Is the center financially secure? Please state how you would evidence this.	

CENTER EXPERIENCE WITH OTHER AWARDING ORGANIZATIONS

1 Are you an Approved Center for any other recognized Awarding Organization? If yes, please name the AO/s and include your center number and evidence of approval e.g. certificate.	
2 Have you ever been refused approval by a recognized Awarding Organization? If yes please name the AO and provide the date and reason for refusal.	
3 Have you ever had your approval withdrawn by a recognized Awarding Organization? If yes, please name the AO and provide the date and reason for withdrawal.	

KEY CENTER CONTACTS**Head of Organization**

Name:		Address:	
Position:			
Tel.:			
Email:			

Director

Name:		Address:	
Position:			
Tel.:			
Email:			

Administration/Examination Contact

Name:		Address:	
Position:			
Tel.:			
Email:			

Finance Contact			
Name:		Address:	
Position:			
Tel.:			
Email:			
<p>I declare that I am authorized by the center 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 further declare that I am authorized by the center to sign this application on behalf of the center.</p>			
Signed: (Must be signed by Head of Organization or appropriate person with delegated responsibility)		Job Title:	
Full Name: (please print)		Date:	

Legal Representative of the
 Affiliated Center
 (Company stamp and signature)