

## CENTRE DETAILS

FIRST NAME

SURNAME

JOB TITLE / ROLE IN ORGANISATION

ORGANISATION NAME

STREET ADDRESS

ADDRESS LINE - 2

CITY

COUNTRY / STATE / REGION

POSTAL CODE / ZIP CODE

COUNTY

EMAIL

TELEPHONE

## CENTRE DESCRIPTION

UNIVERSITY

COLLEGE

SCHOOL

EMPLOYER

OTHER

WEBSITE

ARE YOU CURRENTLY APPROVED BY ANY OTHER RECOGNISED AWARDING BODY

YES

NO

HAVE YOU EVER BEEN REFUSED APPROVAL OR HAD APPROVAL WITHDRAWN OR SANCTIONS APPLIED BY A RECOGNISED AWARDING ORGANISATION?\*

YES

NO

## CENTRE DETAILS

### WHICH QUALIFICATION(S) ARE YOU INTERESTED IN RUNNING?

Please provide details of each qualification you would like to run, along with the estimated number of learners you intend to register and the month you intend to start.

QUALIFICATION

ESTIMATED LEARNER NUMBER

INTENDED START DATE

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I understand that this form is only a request and I am only permitted to deliver qualifications once I have received approval from EDUK Qualifications.