# Diploma Accreditation Application Form

Send to jj@the-ncip.com

|  |  |
| --- | --- |
| Centre name: | Date of application: |
| Applicant name and contact details: |

|  |  |
| --- | --- |
| Qualification title and eq. Level |  |
| Target candidates and anticipated number of candidates per group/per year |  |
| Entry requirements |  |
| Brief description of the course |  |
| Aims |  |
| Learning outcomes for the qualification |  |
| Proposed assessment methods |  |
| Total course length in weeks Notional learning hours (NLH) | Weeks -NLH - |
| Status of course (please tick) √ | undeveloped, idea only | partially developed | fully developed |

\*\*\* Please attach C.Vs. for the core tutor and all currently associated course tutors or trainers.

Outline the anticipated future potential for this course in terms of anticipated candidate numbers and training centres likely to be involved.

Yes / No

Is this qualification currently accredited by anyone else?

Please provide a brief rationale for providing this course.

Rationale

# Please initial acceptance of the following statements.

|  |  |
| --- | --- |
| We agree that our marketing and Websites meet ASA advertising standards. |  |
| We agree to accept the NCIP Code of Ethics & Professional Conduct. |  |
| We confirm we are insured to train others and that all undergraduate trainees are insured to work with the public. |  |
| We confirm we are ICO Registered. |  |
| We confirm we have a clear complaints policy and process. |  |

UNIT TEMPLATE BLANK (For each unit of the course.)

Please complete one of these forms for each unit of the course.

|  |  |  |
| --- | --- | --- |
|  | COMPANY |  |
| COURSE TITLE |  |
| UNIT NUMBER |  |
| LEARNING HOURS |  |
| UNIT LEVEL |  |

|  |  |
| --- | --- |
| Unit Description |  |
| Summary of | 1. |
| learning |  |
| outcomes | 2. |
|  | 3. |
| Outline content | 1. |
|  | 2. |
|  | 3. |
| Outcomes and |  | Assessment criteria. To achieve |
| assessment | Outcomes | each outcome a leaner must |
| criteria |  | demonstrate the ability to: |
|  | 1. |  |
|  | 2. |
|  | 3. |
| Delivery |  |
| Assessment | 1.2. |
| Resources |  |

Submission Checklist

|  |  |
| --- | --- |
|  |  |
| This form is complete and signed. |  |
| CVs of all Tutors attached to this application. |  |
| Copy of Student Handbook attached. |  |
| Initial Application Fee paid. |  |
| Any further information or documentation that may support the application. |  |

Print & Sign by

on

behalf

of

Date

For Office use.

|  |  |
| --- | --- |
|  |  |
| This form is completed correctly and signed. |  |
| CVs of all Tutors attached to this application. |  |
| Copy of Student Handbook attached. |  |
| Initial Application Fee paid. |  |
| Any further information or documentation that may support the application. |  |
| Is this course accredited elsewhere? If so, by whom? |  |

Proposal Approval Date Signed by first assessor.

Signed by second assessor.

