

BAFSA COURSE ACCREDITATION APPLICATION



Organisation Name:		
Address:		
Centre Quality Contact:	Telephone:	
Background of Organisation:		
Course Title:	Ofqual Accreditation Number (if appropriate):	Level (if appropriate):

COURSE ACCREDITATION COMPLIANCE REQUIREMENTS

REQUIREMENTS	EVIDENCE	COMPLIANT (to be completed by BAFSA)
The organisation:		Yes No
Have resources and training materials appropriate to support delivery of the accredited course, including the use of exemptions, equivalencies and RPL (as appropriate). (Learning materials to be submitted to BAFSA)		Yes No
Will ensure delivery is appropriate, fit for purpose and addresses the learning outcomes. (Learning materials to be submitted to BAFSA)		Yes No
Will ensure all staff delivering course have suitable, appropriate qualifications and experience of course subject. (Trainer qualifications and experience)		Yes No
Will ensure all legal requirements, regulations and codes of practice for assessment including E-assessment are fully complied with.		Yes No
Has an effective appeals and complaints procedure in place and is able demonstrate how this will be shared with learners.		Yes No

BAFSA COURSE ACCREDITATION APPLICATION *(continued)*



REQUIREMENTS The organisation:	EVIDENCE	COMPLIANT (to be completed by BAFSA)
Complies with all current, relevant legal requirements and regulatory criteria.		Yes No
Has effective communication systems in place both internally, with BAFSA, and with learners.		Yes No
Pays promptly all invoices relating to the BAFSA accreditation process and support services.		Yes No
Agrees that any defaults to the commitments as stated in the terms and conditions in the BAFSA Course Accreditation Process may lead to the removal of its recognised status.		Yes No
Agrees that the organisation will inform BAFSA of any changes that could affect the ability of the organisation to deliver learning provision.		Yes No

I declare, on behalf of the above mentioned organisation that, to the best of my knowledge and belief, it has the appropriate resources to deliver learning provision detailed in this document.

Organisation Quality Contact Signature:	Date:
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BAFSA COURSE ACCREDITATION APPLICATION *(continued)*



To be completed by BAFSA

RECOGNITION DECISION	Date:
<input type="checkbox"/> Approval	
<input type="checkbox"/> Referral of the application pending receipt of further information and/ or an additional approval visit (give full details):	
<input type="checkbox"/> Refusal of the application (identify areas of non-compliance):	

BAFSA Approved

Name:
Position:
Signature:
Date:

Name:
Position:
Signature:
Date: