



BAFSA COURSE ACCREDITATION APPLICATION

Organisation Name:		
Address:		
Centre Quality Contact:		
Telephone Contact Number:		

Background of organisation

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Course Title	Ofqual accreditation number (if appropriate)	Level (if appropriate)

Course Accreditation Compliance Requirements

Requirements: The organisation :	Evidence	Compliant Y/N (to be completed by BAFSA)
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)		
Will ensure delivery is appropriate, fit for purpose and addresses the Learning outcomes. (Learning materials to be submitted to BAFSA)		
Will ensure all staff delivering course have suitable, appropriate qualifications and experience of course subject. (Trainer qualifications and experience)		
Will ensure all legal requirements, regulations and codes of practice for assessment including E-assessment are fully complied with.		
Has an effective appeals and complaints procedure in place and is able demonstrate how this will be shared with learners		
Complies with all current, relevant legal requirements and regulatory criteria.		
Has effective communication systems in place both internally, with BAFSA, and with learners.		
Pays promptly all invoices relating to the BAFSA accreditation process and support services.		

Requirements: The organisation :	Evidence	Compliant Y/N (to be completed by BAFSA
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.		
Agrees that the organisation will inform BAFSA of any changes that could affect the ability of the organisation to deliver learning provision.		

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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To be completed by BAFSA

Recognition Decision	Date
Approval	
Referral of the application pending receipt of further information and/ or an additional approval visit (give full details):	
Refusal of the application (identify areas of non-compliance):	

BAFSA Approved

Name:	
Position:	
Signature:	
Date:	

Name:	
Position:	
Signature:	
Date:	