**New Customer ‘Expression of interest’ checklist.**

This form is to be completed by you if you are a provider of Qualification or CPD/non-regulated qualifications for which you seek ASQ endorsement. This form will be used to express initial interest and used to direct discussion and review during the next available ASQ board meeting.

It can be completed electronically, allowing text boxes to grow as required.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A. Qualification detail** | Yes | | | No |
| **Q1** Have you ever in the past been refused approval from an Awarding Organisation or had Awarding Body service suspended or withdrawn? | Please give details. | | |  |
| **Q1a** Do you have an existing training solution?  If yes please state any current awarding body approved to offer your qualification and the date contract expires where applicable. |  | | |  |
| **Q1b** Where, in the UK, is your training solution currently delivered?  Non UK |  | | |  |
| England |  | | |  |
| Ireland |  | | |  |
| NI |  | | |  |
| Scotland |  | | |  |
| Wales |  | | |  |
|  |  | | |  |
| **Q2**. Do you wish to devise a new training solution or propose endorsement for your current offering (where it meets ASQ requirements)- **If no please go to Q3?** |  | | |  |
| Where, will your new qualification/Award be delivered  Non UK |  | | |  |
| England |  | | |  |
| Ireland |  | | |  |
| Scotland |  | | |  |
| Wales |  | | |  |
| **Q2a** Do you have budget available to design/develop/award your new learning solution? |  | | |  |
| **Q2b** Have you established there are no other offerings for this same learning resource? |  | | |  |
| **Q2c** Do you have the relevant technical design expertise to design any new qualification/CPD/learning resource- This is a prerequisite of ASQ customers (CV or qualification certificates will be required) |  | | |  |
| **Q3** Please stipulate the level of difficulty proposed for the Qualification CPD/training resource you wish ASQ to endorse (where relevant, if you wish to have this resource submitted to a framework at a later date). | **L1=** | **L2=** | | If other please state e.g entry level, L1, |
| **Q4** Please stipulate candidate numbers expected for each Qualification/CPD/training resource. Please state projection for next 2 years | **Year 1** | **Year 2** | | N/A |
| Do you have relevant sector support for the Qualification/CPD/training resource eg governing body, sector skills etc? If yes please state names of stakeholder/sector groups. | Yes | | | No |
| **Q6** Please state the name and number of your single point of contact for the quality assurance and management of the Qualification/CPD/training resource and centre for which approval is sought. | Contact name:…  ……………………………………  Contact number:…………………………………….  Contact address:………………………………………………  ……………………………………………………….  Contact email:……………………………………………………. | | | |
| **B. Resourcing and monitoring details** | Yes | | No | |
| **Q1** Do you have access for candidates (in keeping with current legislation) to premises or sports environment required for assessment purposes eg golf course? |  | |  | |
| **Q2** Please advise if you already have and intend to use only the staff/associates that have the relevant technical expertise and competence to support the design and delivery of your qualification. (If not please attach proposed action plans to rectify this) |  | |  | |
| **Q3** Do you have quality systems in place for ensuring consistency of standards and supporting equality of opportunity in assessment? E.g qualified assessor/IV etc |  | |  | |
| **Q4** Do you authorise accessibility for ASQ to premises, people and records to cooperate with their monitoring and verification activities? (at planned and unplanned times) |  | |  | |

Following board approval and where ASQ board feel this proposition is a good fit with ASQ objectives then proposed customers will be required to complete and return the following further 2 detailed forms to the ASQ Operations Manager. These make up the approved centre handbook and will be used to manage the relationship between ASQ and its customer.

|  |  |  |
| --- | --- | --- |
| Forms to be read/understood and completed to ASQ Operations Manager |  |  |
| Centre Full Application Form **(H1)** a detailed continuation of this ‘Expression of interest’ **(H0) or H1b for extension of qualification offering for existing approved delivery centres.** | Available upon request to ASQ Operations Manager following board approval |  |
| **B11** Approved Centre handbook inclusive of all processes and procedures to be developed/implemented/maintained and verified by customers wishing to have their learning resources/qualifications/awards/CPD endorsed by ASQ. | Available upon request to ASQ Operations Manager following board approval. |  |

**Please note;** No confirmed decision can be reached until the above two forms have been signed and returned to ASQ Operations. Upon receipt of these a full External Verification report will be compiled by ASQ External Verifier.

Action plans arising from the report may need to be implemented prior to successful approval by ASQ senior board team.