**APPLICATION FOR LISTING AS AN ACCREDITED TRAINING PROVIDER**

**Notes on completing this form**

1. Please read the form carefully before filling it in.
2. Copies of sample certificates supporting your application and your Terms & Conditions must be supplied with the completed form.
3. When completed, this document must be sent to The Administration Manager of ASCB (admin@ascb.com).
4. In submitting this application, the applicant recognizes that they will be required to abide by the terms and conditions of ASCB if a contract is entered into.
5. The normative reference for your accreditation will be ASCB TP:2022.
6. Information provided on this form will be used to review the suitability of the applicant, including searches and due diligence.
7. **This application shall not be used for conformity assessment purposes, individual training courses or ISO/IEC 17024 applications.**

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| **SECTION 1** | | | | |
| **NAME OF BUSINESS \*:** | |  | | |
| **LEGAL STATUS (***Ltd = Limited Company, ST = Sole Trader, PT = Partnership, PLC = Public Limited Company, OT = Other.)* ***Note: Organisation must be a legal entity.*:** | | | |  |
| **MAIN ADDRESS \*:** |  | | | |
| **SURNAME AND FORENAME OF PRINCIPLE CONTACT \*:** | | |  | |
| **PRINCIPLE CONTACT EMAIL:** | | |  | |
| **EMAIL FOR GENERAL ENQUIRES \*:** | | |  | |
| **TELEPHONE \*:** | |  | **MOBILE \*:** |  |
| **WEBSITE \*:** | |  |  | |
| **\*** *This information will appear on any accreditation statement on the ASCB website.* | | | | |

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| **Section 2: ORGANISATIONAL STRUCTURE - Please attach an organisation structure** | |
| President/Managing Director/CEO |  |
| Financial Director |  |
| Head of Faculty |  |
| Other senior management (please list) |  |
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| Note 1. Full CV and evidence of skills and competence will be required for the above, and other key persons.  Note 2. Add a separate organisation diagram.  Note 3. Please indicate family or similar relationships between the above. | |
| Information in this section above will be shared publicly from the point of an accreditation decision. | |

**Section 3:** Please advise if in the last two years, you have had a business relationship with any other training provider. If so, please give name and summary details. Please advise reason for not continuing that relationship.

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**Section 4:** Please advise if in the last two years, you have had a business relationship with any other training provider that may have lost its accredited status. Please state your role in that organisation.

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**Section 5:** Please advise the reasons for seeking ASCB accreditation. (e.g. reputation, technical approach, market awareness, user-friendliness, cost effectiveness etc.).

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**Section 6:** Please advise any matter that may be deemed significant when adjudicating your application should it be discovered later.

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| **Section 7: Further information** | |
| Do you have a documented quality management system in accordance with ISO 9001:2015? |  |
| If your training management system is not available now, is it being developed? If yes, indicate when it will be ready. |  |
| How long have you been operating as a training provider? |  |
| Do you have proof of your status as a legal entity?  This should be provided (a link to an official government register is acceptable). |  |
| Do you operate at sites other than the main address given on page 1? |  |
| Would you classify yourself as a primary, secondary, further education or higher education training provider? |  |
| Having reviewed the ‘Accreditation levels’ in ASL(G)77; do you consider yourself a Level 1, Level 2, or Level 3 provider? *The requirements for each level are available upon request.* |  |
| Have you worked with any other ASCB accredited organisation before? |  |
| If yes, who? |  |
| How many delegates/students do you train per year via in-person/virtual training (live)? *If you have not started training, please give a forecast.* |  |
| How many delegates/students do you train per year via eLearning (non-live)? *If you have not started training, please give a forecast.* |  |
| How many active courses you would provide via in-person/virtual training (live)?  *An active course is defined as one that has been delivered or offered in the last 12 months* |  |
| How many active courses you would provide via formal eLearning (non-live)?  *An active course is defined as one that has been delivered or offered in the last 12 months* |  |

**Section 8:** State each type of training and applicable standards offered on a separate line. Attach a copy of the standards if they are unlikely to be recognized nationally. More than 10 training subjects should also be provided as a spreadsheet.

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| **TRAINING SUBJECT** | **APPLICABLE STANDARD** | **DESCRIPTION OF SYLLABUS** | **COURSE DURATION**  **(Days)** |
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Provide an Excel spreadsheet of course, if further rows are required

**Section 9:** Please attach a description of the physical venue provisions and equipment.

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**Section 10:** Please indicate the extent of use of subcontracted services.

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**Section 11:** Please describe the routines exercised within yourorganizationn for the identification, development, proving, and delivery of training syllabi. (Attach appropriate or sample procedure if more convenient.)

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**Section 12:** Please describe the examination and test arrangements. (Attach appropriate or sample procedure if more convenient.)

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**Section 13:** To assist us, please give a brief and concise résumé of your organization. Please describe your organization’s mission and target market sectors and any other information that you may feel would be helpful to ASCB in adjudicating your application. Indicate how long you have been trading. If you are a start-up, indicate previous experience or attach a CV.

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|  | **Section 14: Checklist** | | |
|  | 1 | Have you signed the confirmation in section 15? |  |
|  | 2 | Have you provided proof of legal identity? |  |
|  | 3 | Have you provided a purchase order or have the necessary authorization to request payment of an ASCB invoice? |  |
|  | 4 | Have you completed all sections in the above form inserting N/A (not applicable), if appropriate? |  |
|  | 5 | You have read, understood and accepted document ASB(G)32 regarding our authority? |  |
|  | 6 | Do you understand that this is only an application and that ASCB provide no undertaking that your application will be successful? Additionally, if your application is unsuccessful, the application fee will not be returned? |  |
|  | 7 | Have you read the Terms & Conditions and Operation Conditions for Training Institutes ASL(G)27.1? |  |
| 8 | Have you attached descriptions of course development and examination & test? |  |
| 9 | Do you understand that a contract agreement will be necessary before you are awarded any level of accreditation? A sample contract is available upon request. |  |
| 10 | Have you understood that you agree to register all your certificates at www.irqao.com upon issue and that you will pay an initial listing and an annual renewal fee (if applicable) for each existing certificate? |  |
| Signed: Date: | | |

| **Section 15: Confirmations** |
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| I confirm that to be accredited by ASCB, our organization:   * will need an extensive document review and examination of evidence, which is only begun following payment of the initial Application Administration Fee, which is non-refundable. * will need a review and continuing research into our activities, and the principal members of our management team pursuing technical, professional and ethical lines of inquiry * may need a visit by an ASCB officer(s) to our premises to verify the substance of documents and our arrangements as a training provider, * may need to have our training activities witnessed at our clients’ sites, * will need continuing levels of surveillance by ASCB, * will need to provide the travel and accommodation costs of ASCB at our expense and paid for in advance of the activity. * will agree to list all training certificates and renewals at the ASCB-nominated listing website (currently www.irqao.com), for which initial and annual fees may be payable (subject to fee structure).   Please confirm your understanding, agreement & acceptance of the above statements and those confirmed in section 14, and I declare that the information on this application form is correct to the best of your knowledge.:  Signature:  Print Name”  Date:  Position in the organization (job title): |

**FURTHER GUIDANCE & NEXT STEPS**

**This form will be returned if all sections are not appropriately completed.**

**Any section that is not applicable should be struck through and initialed.**

**Refer to Guide 77 for information on becoming accredited.**

**Please email this form to: admin@ascb.com**

**The application will be reviewed, and further clarification will be requested if necessary.**

**Once the application has been accepted, an invoice will be generated, and a list of documents requested. This list is non-exhaustive and further evidence may be requested later.**

**The assessment will only commence once payment has been received and documents received.**