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**CILT (UK) Application to Deliver Additional CILT(UK) Qualification & Units**

AO/GEN/0116

|  |  |
| --- | --- |
| Application to Deliver CILT(UK) Qualification & Units | |
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**Application to Deliver Additional CILT(UK) Qualification/Units**

(For use by CILT(UK) AO Accredited Learning Partners)

Section 1 – Organisation and Contact Details

|  |  |  |
| --- | --- | --- |
| Learning Partner Name: |  | |
| Learning Partner Number: |  | |
| Address: |  | |
| Postcode: |  |

|  |  |  |
| --- | --- | --- |
| Learning Partner Contact *(for this application)* | | |
| Name | Telephone Number | E-mail Address |
|  |  |  |

Section 2 – Additional Qualification and/or Units to be Offered

Qualification and Units for which approval is sought should be clearly indicated below.

|  |  |  |  |
| --- | --- | --- | --- |
| Qualification Title | Method of Delivery | Remarks | |
|  |  |  | |
| Unit(s):  Refer to the Qualification Specification  [CILT - Regulated Qualifications](https://ciltuk.org.uk/Qualifications/Qualifications-we-offer/Regulated-Qualifications) | Tutor\* | Projected Registrations | Remarks |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*Please submit a [CILT(UK) Tutor Application Form](https://ciltuk.org.uk/LinkClick.aspx?fileticket=ssER6MkgPmM%3d&portalid=0) for each tutor and a copy of their CV

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**Section 3 - Declaration**

The Head of the Organisation (or an appropriate member of the Senior Management Team) should formally approve the application. Signature by the Head is taken as confirmation that the proposed qualification and units have gained internal approval before being submitted to the Awarding Organisation. Procedures should be in place for communication with the Senior Management Team regarding the implementation of the qualification and units.

I can confirm that:

a) The details given in this application are, to the best of my knowledge, correct.

b) The Learning Partner will conform fully with the requirements of the Awarding Organisation and it’s appointed Officers and Verifiers.

c) I fully support this application.

|  |  |
| --- | --- |
| Signed:  (Head of the Organisation) |  |
| Full Name:  (Please print in capital letters) |  |
| Job Title: |  |
| Date: |  |

Submission of Application

Please return this application to: [qualityassurance@ciltuk.org.uk](mailto:qualityassurance@ciltuk.org.uk)

CILT(UK) Awarding Organisation

Earlstrees Court

Earlstrees Road

Corby

Northamptonshire

NN17 4AX

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