

# Additional Qualifications Approval Form (NVQs)

Published On: 18/10/2012



Centre name:

Centre code:

Name of main contact:

Date sent to CYQ:

To view and use this form correctly, you will need Adobe Reader 8 or above. Download the latest version from the Adobe website at: <http://www.adobe.com>

CYQ  
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Qualification	Unit(s)	Method of delivery	Name of Tutor, Assessor, IV	Identify relevant technical qualifications held	Identify relevant teaching, assessing and/or IV qualifications held

CYQ require all relevant staff CVs and copies of certificates to be submitted with this form. Please tick to confirm attachment/enclosure.

## Work-based assessment opportunities

Please identify all work-based assessment opportunities that will be available to learners:

Name of health and fitness organisation(s)	Type of facility (e.g. leisure centre)	Address and telephone number of facility	Name of manager

CYQ require a PP1 Physical Resources Checklist to be completed for each assessment site that will be used in the NVQ assessment process. Please tick to confirm attachment/enclosure.

### NVQ centre contact

Please identify a single named point of accountability for the overall quality assurance, management and administration of the award:

Name:

Job title:

Phone:

Email:

### Previous experience of NVQ provision

Have you offered NVQs with another awarding body?

Did you have direct claims status for this provision?

Please identify how many years experience you have in offering NVQs:

<input type="text"/>
<input type="text"/>
<input type="text"/>

## Payment details

- Credit/debit card
- Request invoice
- Cheque (enclosed)

## Credit/debit card call back

If you have selected to pay using a credit or debit card, please complete the following section and we will call you to take payment over the telephone

Phone number:   
Preferred call back time:

## Invoice details

Mark for attention of:   
Invoice address  
(if different from previous - please ensure it is the same as cardholder address)   
Postcode:

## Declaration

- I am providing payment details for the additional qualification approval fee of:

£50 (1 - 3 qualification)

£100 (4 - 6 qualifications)

£150 (7 or more qualifications)

I understand that this fee is non-refundable. I have read and agree to CYQ's Terms and Conditions and confirm that the centre will endeavour to meet all CYQ requirements. The details given are, to the best of my knowledge, correct.

Name:   
Date:

Once completed, please save and email this form to: [approvals@cyq.org.uk](mailto:approvals@cyq.org.uk)

Alternatively, print and return to:  
CYQ, 112 Great Russell Street London WC1B 3NQ