

Additional Qualifications Application Form

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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, IQA	Identify relevant technical qualifications held	Identify relevant teaching, assessing and/or IQA qualifications held

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

Blended Learning Applications

Please indicate you have provided a course outline or scheme of work for any of the following qualification applications

<input type="checkbox"/> Pilates
<input type="checkbox"/> Yoga
<input type="checkbox"/> Exercise Referral
<input type="checkbox"/> Blended Learning

Please indicate the resources you will offer learners

<input type="checkbox"/> CYQ eLearning
<input type="checkbox"/> CYQ manuals
<input type="checkbox"/> CYQ workbooks
<input type="checkbox"/> CYQ Learner Assessment Record (mandatory)
<input type="checkbox"/> Centre manuals
<input type="checkbox"/> Centre's own resources (please provide copies with this application)

Please provide information on how learners will be supported throughout the home study period

Please note: Centres are required to provide detailed information for all blended learning provision, records of learner support and achievement to the CYQ External Quality Assurer (EQA) for quality assurance purposes upon request.

Please follow this [link](#) for further blended learning guidance.

Declaration

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

£50 (1 - 3 qualifications)

£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:

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:

Once completed, please save and email this form to: approvals@cyq.org.uk. Alternatively, print and return to: CYQ, 112 Great Russell Street, London, WC1B 3NQ