IRRV Application For Centre Approval

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CENTRE DETAILS

Name and address of centre
Telephone number
Fax number
E-mail address
Name and position of person responsible for quality assurance of IRRV qualifications
Telephone number:
Fax/Email address:

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IRRV Application For Centre Approval



Name and position of per	son dealing with	day to day	administration	relating to If	RRV qualifications if
different from above	(the centre conta	ct)			

Telephone number:

Fax/Email address:

QUALIFICATION(S) FOR WHICH APPROVAL IS SOUGHT

3. <u>CENTRE STATUS</u>

3.1 Has your organisation made an application for approval to IRRV before (if yes, give details)?

Is your organisation approved as an assessment centre by any other Awarding Organisation (if yes, give details)?

Will the centre be made up of more than one organisation (a partnership/consortium)? If yes, give details of roles, responsibilities and accountabilities with regard to assessment, verification and administration. Continue on a separate sheet if necessary.

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IRRV Application For Centre Approval



MANAGEMENT/ADMINISTRATION

What system(s) will the centre use to administer the qualification(s)?

What system(s) will the centre use to maintain candidate assessment records?

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PHYSICAL AND STAFF RESOURCES

What physical resources are available for assessing candidat
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Give details of the technical experience of your:

Assessors

Internal verifiers / Quality Assurers

(Please attach CVs)

What arrangements will be made to enable assessors to gain appropriate qualifications if not already qualified?

How does the centre intend to review the professional development needs of its assessors and IQAs?



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EQUAL OPPORTUNITIES / DIVERSITY STATEMENT

Specify the centre's equal opportunities / Diversity / access to fair assessment policy

SAFEGUARDING/PREVENT

Specify the centre's safeguarding/prevent policies

ASSESSMENT

Specify the centre's assessment strategy for the qualification(s)

State the centre's policy on making special assessment arrangements for candidates with particular requirements

QUALITY ASSURANCE

Specify the centre's quality assurance strategy

www.education.org.uk

INSTITUTE OF REVENUES RATING & VALUATION

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State your organisation's policy in the event of:
Candidate appeals against assessment decisions
Cases of suspected malpractice
Conflict of Interest
What step will the Centre take to protect the interests of the Learner if the Centre withdrawals from the qualification
DECLARATION AND SIGNATURE
I hereby declare that the above information is correct and that the centre will comply with all relevant Awarding Body regulations, including providing access to External Quality Assurers and other
Awarding Body representatives.
Signed by authorised signatory:
Date: