## Application form for establishment as a Listed Awarding Body (LAB) and the inclusion of awards in the National Framework of Qualifications (NFQ)[[1]](#footnote-2)

**Introduction**

*The details in this application and the supporting documentation provided will be used by QQI to assess your organisation’s capacity to meet the criteria to become an established Listing Awarding Body which will allow for inclusion of awards provided by your organisation in the National Framework of Qualifications.*

*This application form should be completed with reference to the Handbook for LABs, A Guide to the National Framework of Qualifications, Guide to Levelling, and the LABs Gap Analysis for QA Procedures*

***This application from must be submitted with relevant evidence to demonstrate that the prospective LAB meets requirements set out by QQI. These must be detailed in the Table of Evidence provided with this application form.***

**Submitting the application**

*The format / structure of this application form should not be altered.*

*A soft copy of the application must be uploaded to a secure folder which will be made available on request to QQI. It should be noted that the information contained therein can be shared with independent evaluators appointed by QQI.*

*QQI reserves the right to seek any additional information from applicants that it considers relevant to an application.*

**Application Fee**

*For details of the fee payable, please refer to the QQI Schedule of Fees on QQI’s website: www.qqi.ie.*

*Please notify QQI in advance of making your application so that you can be invoiced for the fee.*

**Endorsement(s) by a relevant public authority and minimum requirements**

*Prior to submitting this application form prospective LABs must submit a Minimum Requirements Form to QQI and ensure that the relevant public authority/authorities have provided QQI with the necessary endorsement(s) to QQI directly using the LAB Declaration of Endorsement form.*

*Application forms cannot be assessed by QQI before the receipt of the completed Minimum Requirements Form and the necessary endorsement(s).*

**Section 1: Awarding Body Details**

* 1. **Name and Basic Information**

|  |  |
| --- | --- |
| *Name of Awarding Body (legal entity):* |  |
| *Registered Business Trading Name(s): (if different from above)* |  |
| *Company Registration Number (CRO (if applicable)):* |  |
| *Established within the State (Yes/No) (if no provide information of where awarding body is established)* |  |
| *If no, please outline the relevant regulatory bodies in the jurisdiction(s) in which you operate* |  |
| *Name of CEO/President (or equivalent)* |  |
| *Number of qualifications to be submitted for inclusion in the framework (Qualifications information to be filled in in Annexe 2)* |  |
| *Do you plan to submit your awards for individual evaluation, or will they be grouped?*  *If grouped, please outline the groupings and the number of qualifications in each group* |  |

* 1. **LAB Type**

|  |  |
| --- | --- |
| *Provider (proceed to section 1.3)* |  |
| *Non- Provider (fill in form in Annexe1)* |  |
| *Combination (fill in form in Annexe 1)* |  |

* 1. **Exemptions**

Please tick as appropriate following submission and assessment of Minimum Requirements Form

1. **Has QQI granted your organisation an exemption from Due Diligence requirements?**

**Yes ☐**  **No** ☐

1. **Has QQI granted your organisation an exemption from Protection of Enrolled Learners requirements?**

**Yes ☐**  **No** ☐

* 1. **Contact Information**

|  |  |
| --- | --- |
| *Postal Address* |  |
| *Phone* |  |
| *Email* |  |
| *Website* |  |

* 1. **Contact details for enquiries on the application**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Contact Person for QQI*** | | | |
| *Full Name* |  | | |
| *Position* |  | | |
| *Phone (landline)* |  | *Phone (mobile)* |  |
| *Email* |  | | |

**Declaration and Signature**

To be completed by Owner, Director or Principal Executive Officer of Proposed Listed Awarding Body

I declare that the information provided in this Application Form and any attachments hereto is true and complete in all material respects and I fully understand that it may be an offence to deliberately furnish false, misleading or inaccurate information.

|  |
| --- |
| I make this solemn declaration conscientiously believing the same to be true for the satisfaction of Quality and Qualifications Ireland and pursuant to the Statutory Declarations Act, 1938.  **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Print name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Job Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Annexe 1: Information on Associated Providers (if applicable)[[2]](#footnote-3)**

|  |  |
| --- | --- |
| **Provider Name** |  |
| **Phone** |  |
| **Email** |  |
| **Website** |  |
| **Subject Area** |  |
| **Proposed NFQ Levels** |  |
| **Proposed Award Types** |  |
| **Proposed Mode of Delivery** |  |
| **Is the associated provider a relevant provider of QQI?**  **If no, have you conducted an approval of this associated provider in line with the QA guidelines and ATP policy issued by QQI?** |  |
| **Are the awards of associated providers that are a relevant provider of QQI within their approved scope?**  **If no, have you conducted an approval of this provider in line with QA guidelines and ATP policy issued by QQI?** |  |
| **Is the associated provider exempt from requirements surrounding Due Diligence and Protection of Enrolled Learners?**  **If not please confirm that you have conducted assessment of requirements** |  |

|  |  |
| --- | --- |
| **Provider Name** |  |
| **Phone** |  |
| **Email** |  |
| **Website** |  |
| **Subject Area** |  |
| **Proposed NFQ Levels** |  |
| **Proposed Award Types** |  |
| **Proposed Mode of Delivery** |  |
| **Is the associated provider a relevant provider of QQI?**  **If no, have you conducted an approval of this associated provider in line with the QA guidelines and ATP policy issued by QQI?** |  |
| **Are the awards of associated providers that are a relevant provider of QQI within their approved scope?**  **If no, have you conducted an approval of this provider in line with QA guidelines and ATP policy issued by QQI?** |  |
| **Is the associated provider exempt from requirements surrounding Due Diligence and Protection of Enrolled Learners?**  **If not please confirm that you have conducted assessment of requirements** |  |

|  |  |
| --- | --- |
| **Provider Name** |  |
| **Phone** |  |
| **Email** |  |
| **Website** |  |
| **Subject Area** |  |
| **Proposed NFQ Levels** |  |
| **Proposed Award Types** |  |
| **Proposed Mode of Delivery** |  |
| **Is the associated provider a relevant provider of QQI?**  **If no, have you conducted an approval of this associated provider in line with the QA guidelines and ATP policy issued by QQI?** |  |
| **Are the awards of associated providers that are a relevant provider of QQI within their approved scope?**  **If no, have you conducted an approval of this provider in line with QA guidelines and ATP policy issued by QQI?** |  |
| **Is the associated provider exempt from requirements surrounding Due Diligence and Protection of Enrolled Learners?**  **If not please confirm that you have conducted assessment of requirements** |  |

**Annexe 2: Scope of Listing- Qualifications to be Included in the Framework**

|  |  |
| --- | --- |
| **Qualification Title** |  |
| **Awarding Body’s Award Title (to be made alongside NFQ award)** |  |
| **NFQ Level** |  |
| **Award Type** |  |
| **Credit Volume** |  |
| **Subject Area (using ISCED)** |  |
| **Programme Title(s) (only specify if different to Qualification Title)** | **1.**  **2.**  **3.** |

|  |  |
| --- | --- |
| **Qualification Title** |  |
| **Awarding Body’s Award Title (to be made alongside NFQ award)** |  |
| **NFQ Level** |  |
| **Award Type** |  |
| **Credit Volume** |  |
| **Subject Area (using ISCED)** |  |
| **Programme Title(s) (only specify if different to Qualification Title)** | **1.**  **2.**  **3.** |

|  |  |
| --- | --- |
| **Qualification Title** |  |
| **Awarding Body’s Award Title (to be made alongside NFQ award)** |  |
| **NFQ Level** |  |
| **Award Type** |  |
| **Credit Volume** |  |
| **Subject Area (using ISCED)** |  |
| **Programme Title(s) (only specify if different to Qualification Title)** | **1.**  **2.**  **3.** |

1. QQI reserve the right to ask for additional information and clarification of details provided by prospective LAB [↑](#footnote-ref-2)
2. Please note that associated providers may be contacted as part of the process so please ensure that the contact information provided is the most relevant for the purposes of confirming review of QA and ATP procedures and understanding of DD and PEL requirements. [↑](#footnote-ref-3)