

## Training Provider Application Form

### 1. Training Provider information

<b>1.1</b>	Training Provider name:		
	Training Provider registered address: (HQ)		
	Postcode:		
	Is this address different to where training takes place?	Yes Supply all addresses	No
	Tel no:		
	Fax no:		
	Email address:		
	Website:		

<b>1.2</b>	Training Provider main area of business:	(e.g. College, HE Institution, Private Provider, Community Training Provider etc)	
<b>1.3</b>	When was the Training Provider formed?		
<b>1.4</b>	Has Training Provider Approval ever been withheld or withdrawn by any other Awarding Organisation or Training Provider?	Yes	No
	If YES, who was the Awarding Organisation:		
	Date approval withheld/withdrawn:		
	Details:		
	List any supporting documentation attached to the application		

<b>1.5</b>	Is the Training Provider subject to any bankruptcy or other financial arrangement?	Yes	No
<b>1.6</b>	Does anyone within or related to the Training Provider have any criminal convictions?	Yes Supply list of convictions	No
	If yes detail here:		

## 2. Training Provider Assessment Location (if different from HQ address)

<b>2.1</b>	Training Provider branch name: (If different from above)	
	Address: (If different from above)	
	Postcode:	
	Main contact name: (In respect of this application)	
	Main contact tel. no:	
	Main contact email:	

<b>2.2</b>	Training Provider type: (If different from Training Provider type)	(e.g. College, HE Institution, Private Provider, Community Training Provider etc)
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<b>2.3</b>	If applicable, please list below the iPET Network accredited and qualification course title/s and level/s that you are seeking approval to deliver and the anticipated number of Candidates you expect to start each year.	
	Qualification Title	Level/s
		Number of Candidates anticipated each year
	<i>For example: Diploma in Dog Grooming</i>	<i>E.g. 2 &amp; 3</i>
	1.	<i>E.g. 100 x L2, 50 x L3</i>
	2.	
	3.	
	4.	
	5.	
	6.	

<b>2.4</b>	Candidates will be: (Please identify all that apply)		
	14-19 years	19-25 years	Over 25 years

<b>2.5</b>	How will Candidates be funded? (Please identify all the categories that apply):			
	Funded by Government	Funded by employer	Funded in any other way (please state):	Funded by themselves

<b>2.6</b>	Do you intend to deliver qualifications, exams or assessments at any additional locations?	Yes	No
If YES, provide the name and address of all the sites where the qualification/s will be delivered. If your application is for more than one qualification, please ensure that you make it clear which sites will be delivering each qualification. If necessary, please extend the page.			
Name: Address:		Name: Address:	
Qualifications:		Qualifications:	
Name: Address:		Name: Address:	
Qualifications:		Qualifications:	

<b>2.7</b>	Do you have processes in place for securely storing confidential manual and electronic documentation/ exam papers/assessment documentation etc?	Yes	No
<b>2.8</b>	Please tell us how Candidate records will be stored:		

### 3. Key contacts

<b>3.1</b>	Head of Training Provider:	
(This should be the person who has overall responsibility for training and can accept, on behalf of the Training Provider, the responsibility for the iPET Network quality assurance requirements and financial responsibility)		
Position:		
Address:		
Tel:		
Email:		

<b>3.2</b>	Training Provider Contact:	
(This should be the person who will be the first point of contact iPET Network and Candidates and who will also receive exam results and certificates)		
Position:		
Address:		
Tel:		
Email:		

<b>3.3</b>	Quality Assurance Contact:	
(This should be the person who is responsible for the quality assurance aspects of iPET Network programmes if it is not the Training Provider Contact)		
Position:		
Address:		
Tel:		
Email:		

<b>3.4</b>	Administration Contact:	
(This should be the person who is responsible for processing registrations and achievements for iPET Network qualifications and Customised Accreditation units if it is not the Training Provider Contact)		
Position:		
Address:		
Tel:		
Email:		

<b>3.5</b>	Finance Contact:	
(This should be the person who is the point of contact in order to discuss financial issues if this is not the Training Provider Contact)		
Position:		
Address:		
Tel:		
Email:		

#### 4. Delivery of qualifications

<b>4.1</b>	Please list below the names and qualifications of the people who will be delivering, assessing, moderating or internally verifying the qualification/s and the sites that they will be supporting.		
Person's name and the qualification title/level:	Responsibility i.e. T=Tutor A = Assessor M= Moderator IQA = Internal Quality Assurer	Qualification(s) held e.g. PGCE, CTLLS, DTLLS, D32, A1, D34, V1 etc.	If delivery is to take place at more than one site, please indicate where each person will be working. If someone carries out different roles at each site, please indicate the roles for each person in brackets at each separate site. For an example, please see below:
<i>Example:- Joe Bloggs Business Admin L2 &amp; 3</i>	<i>T, A, IQA</i>	<i>DTLLS, D32, D34</i>	<i>Willenhall (IQA) Bilston (T, A, IQA)</i>


4.2	Qualification delivery (please confirm Yes or No)		
To offer this qualification, Training Providers must ensure that tutors delivering this qualification have one of the following recognised professional qualifications to demonstrate dog grooming:		Yes	No
iPET Network Level 3 Diploma in Dog Grooming and Salon Management			
City and Guilds Advanced Grooming Certificate 7750; or			
the full 7763-03; or:			
the Open College Network West Midlands Level 3 Diploma in Dog Grooming			
<b>and holds a teaching certificate such as the</b>			
the Level 3 Award in Education and Training; or			
the Level 4 Certificate in Education and Training; or			
Level 3 or 4 PTLLS (or equivalent).			
Principal tutor/ assessor will have minimum of 3 years practical experience			
Canine First Aid practitioner			
<b>Other relevant qualifications</b>			

## 5. Quality Assurance and Training Provider Conditions

Policy statements		
The Training Provider has the relevant arrangements and documentation in place relating to the following policies and procedures.		
Policy	Yes	No
5.1 Appeals Procedure for Candidates *		
5.2 Complaints Procedure*		
5.3 Equal Opportunities and Diversity Policy*		
5.4 Health and Safety Policy*		
5.5 Employee and public liability insurance*		
5.6 Internal Quality assurance strategy*		
5.7 Conflicts of interest Policy and disclosure form*		
5.8 Whistle Blowing Policy*		
5.9 Professional Conduct policy*		
5.10 Anti-Bribery and Corruption Policy*		
5.11 Malpractice and Maladministration Policy*		
5.12 Preventing and investigating malpractice, maladministration and plagiarism. The Procedure includes the prevention and notification of Adverse Effects e.g. loss, theft of, or a breach of confidentiality in, any assessment or examination material. *		
5.13 Policy on authenticating identification*		
5.14 The Training Provider has a Contingency Plan in place that will safeguard the interests of the Candidates and ensure that they receive continuity in their programme of learning, should any problems arise*		
5.15 Data Protection Policy		

\*These documents are available from iPET Network if the Training Provider does not have their own.

By signing this application form, you are declaring that you agree to adhere to iPET Network Training Provider Agreement with Terms and Conditions and the Ofqual regulatory requirements which inform these.

You declare that you are authorised by the above-mentioned Training Provider to supply the information given above and that the information given in this application is, to the best of your knowledge and belief, true and complete and that you have read the conditions detailed iPET Network Training Provider Agreement with Terms and Conditions. You agree to inform IPET Network immediately should any changes occur to the information supplied in this application.

By signing this application form, you are agreeing that iPET Network may rely upon the truth and accuracy of the information contained in this application and any supporting documentation or information.

<b>Training Provider Name:</b>
<b>Signed:</b>
<b>Date:</b>
<b>List any supporting documents enclosed:</b>

For office use only

<b>Payment received date:</b>
<b>Authorised and confirmed by iPET Network representative – Sign and Print:</b>

**Document Control**

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Date of Correction	Version Number	Correction Reason
	1	