**Application form for Re-Engagement – Pilot Process**

**Approval of QA Procedures and Scope of Provision leading to QQI Awards**

**Introduction**

The details in this application and the supporting documentation provided will be used by QQI to assess the continued capacity of your organisation to meet the criteria to provide quality education and training as a provider of a programme(s) leading to QQI awards.

There are five sections to this application form:

* Section 1 - Applicant Details
* Section 2 - Ownership, Management Structure and Control of the Entity
* Section 3 - Financial Viability and Resources
* Section 4 - Scope of Providers Proposed Education and Training Provision
* Section 5 - Statutory Declaration

This application form should be completed using the **Provider Reengagement - Application Guide**.

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**Application fee**

Payment of the application fee (see Fee Schedule) should be made by Electronic Fund Transfer (EFT) **only**. **Cheque payments will not be processed.**

QQI Bank Account Details:

Bank Name: *Allied Irish Bank*

Bank Address:*1 Lower Baggot Street, Dublin 2, Ireland*

Account Name: *The Qualifications and Quality Assurance Authority of Ireland*

Account number:*31667035*

National sort code: *93-10-12*

Iban: *IE11 AIBK 9310 1231 667035*

BIC: *AIBKIE2D*

The application **will not** be processed until payment is received in full. **Please note that application fees are non-refundable.**

**Submitting the application**

**Three** copies of the application documentation must be submitted in separate ring binders, clearly labelled, to **QQI, Provide Approval, 26/27 Denzille Lane, Dublin 2.** A copy of the application **must** also be submitted on a **writable disc (CD-RW, DVD-RW)**.

**QQI, at all times, reserves the right to seek additional information from applicants that it considers relevant to an application.**

**Attendance at briefing:** *(insert date of briefing attended)*

**Names of attendee(s):**

**Section 1: Applicant Details**

* 1. **Provider Name**

Name of Legal Entity applying:

Registered Business Trading Name(s):

* 1. **Type of legal entity**

**C:\Users\amaher\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\JGS8DG5I\MC900384162[1].wmf***Evidence must be submitted with this Application Form - please note that all documents must be certified by the issuing Authority or certified as a true copy by the Applicant’s solicitor/accountant.*

|  |  |
| --- | --- |
|  | ✓ as appropriate |
| Limited company |  |
| Sole trader |  |
| Partnership |  |
| Trust |  |
| Other |  |

* 1. **Company Registration Number (CRO)**

|  |
| --- |
|  |

* 1. **Registered business/trading name(s)**

The registered business/trading name(s) to be used in the delivery of programmes leading to QQI awards.

|  |
| --- |
|  |

* 1. **List of registered domain name(s) and website addresses**

|  |  |
| --- | --- |
| **Domain name** | **Website Address** |
|  |  |
|  |  |

* 1. **Address of applicant’s parent company/organisation, if appropriate**

|  |  |
| --- | --- |
| Postal Address |  |
| Main Contact |  |
| Phone |  |
| Email |  |
| Website |  |

* 1. **Principal place of business of applicant (if different from parent company address)**

|  |  |
| --- | --- |
| Name |  |
| Postal Address |  |
| Phone |  |
| Email |  |
| Website |  |

* 1. **Existing operations within Ireland**

Does the applicant have any existing business operations in Ireland?

|  |  |
| --- | --- |
|  | ✓ as appropriate |
| Yes |  |
| No |  |

If you have answered YES to the above question, please describe the nature of those operations

|  |
| --- |
|  |

* 1. **Existing operations outside Ireland**

Does the applicant have any existing business operations outside Ireland?

|  |  |
| --- | --- |
|  | ✓ as appropriate |
| Yes |  |
| No |  |

If you have answered YES to the above question, please describe the nature of those operations

|  |
| --- |
|  |

* 1. **Education and training as a principal function**

Is information publicly available?

|  |  |
| --- | --- |
|  | ✓ as appropriate |
| Yes |  |
| No |  |

If you have answered **NO** to the above question, please provide information to support this status;

|  |
| --- |
|  |

* 1. **Contact details for enquiries on the application for re-engagement**

|  |  |
| --- | --- |
| Title |  |
| Surname |  |
| Forename(s) |  |
| Position |  |
| Phone (landline) |  |
| Phone (mobile) |  |
| Email |  |

* 1. **Compliance Statement**

The Applicant certifies that it is in all material respects compliant with all relevant legislation and regulatory requirements applicable to the provision of education and training in Ireland, in particular (but so as not to derogate from the generality of the foregoing) all employment, health and safety, equality, data protection, and financial regulatory requirements insofar as same are applicable to the applicant’s operations.

**Section 2: Ownership, Management Structure and Control of the Entity**

**2.1 Details of all persons who own/are the legal entity applying for re-engagement.**

***Beneficial Owner 1***

|  |  |
| --- | --- |
| Title |  |
| Surname |  |
| Forename(s) |  |
| Position |  |
| Phone (landline) |  |
| Phone (mobile) |  |
| Email |  |
| Contact Address |  |

Beneficial Owner 1 is best described as (select one – and ✓ as appropriate)

|  |  |
| --- | --- |
| Key Personnel/Executive |  |
| Owner and a person who will exercise a degree of control or influence over the management or direction of the organisation, but who is not key personnel/executive |  |
| Owner and a person who will not exercise a degree of control or influence over the management or direction of the organisation and who is not key personnel/executive |  |
| Other  Please specify |  |

Describe the role this person undertakes in relation to the entity

|  |
| --- |
|  |

Does / did this person have any other involvement with an education and training entity(s) in Ireland?

|  |  |
| --- | --- |
|  | ✓ as appropriate |
| Yes |  |
| No |  |

|  |
| --- |
| If yes, please give details |

**Please repeat this information for each beneficial owner if there are more than one.**

**2.2 Details of influential non-owners of the legal entity applying for re-engagement**

***Influential Non-Owner 1***

|  |  |
| --- | --- |
| Title |  |
| Surname |  |
| Forename(s) |  |
| Position |  |
| Phone (landline) |  |
| Phone (mobile) |  |
| Email |  |
| Contact Address |  |

This person is best described as (select one – and ✓ as appropriate)

|  |  |
| --- | --- |
| An executive officer or key personnel but **not** a beneficial owner |  |
| A person who will exercise a degree of control or influence over the management or direction of the organisation, but who is not key personnel/executive or an owner |  |
| Other  Please specify |  |

Describe the role this person undertakes in relation to the entity

|  |
| --- |
|  |

**Please repeat this information for each influential non-owner if there are more than one.**

**2.3 Organisation Chart**

C:\Users\amaher\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\TIIP4N6P\MC900384162[1].wmf*Evidence must be submitted with all Application Forms - supply an organisation chart*

Briefly describe your organisation’s structure to include information on shareholders/ directors etc

**2.4 Declaration**

In the case of each owner and influential non-owner, please confirm the following;

|  |  |
| --- | --- |
|  | ✓ as appropriate |
| That he/she has not been adjudicated bankrupt |  |
| That he/she has not made composition or arrangement with creditors |  |
| That he/she has not been sentenced by a court of competent jurisdiction to a term of imprisonment |  |
| That he/she has not been convicted of any indictable offence in relation to a company |  |
| That he/she has not been convicted of an offence involving fraud or dishonesty |  |
| That he/she has not been the subject of an order under section 160 of the Companies Act 1990 |  |

**2.5 Details of 3rd party collaborations and partnerships**

*Evidence must be submitted with this Application Form - C:\Users\amaher\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\JGS8DG5I\MC900384162[1].wmfsupply documentation relevant to these relationships e.g. contracts, memorandum of understanding*

Please provide summary details

**Section 3: Financial Viability and Resources**

**3.1 Financial Resources**

*Evidence must be submitted with this Application Form - C:\Users\amaher\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\JGS8DG5I\MC900384162[1].wmfsupply documentation relevant to financial viability and resources*

Is funding provided from private resources?

|  |  |
| --- | --- |
|  | ✓ as appropriate |
| Yes |  |
| No |  |

|  |
| --- |
| If yes, please give details |

Is funding provided from public resources?

|  |  |
| --- | --- |
|  | ✓ as appropriate |
| Yes |  |
| No |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | ✓ as appropriate |  | ✓ as appropriate |
| Momentum |  | ETB / Solas |  |
| Springboard |  | Skillnets |  |
| DYCA / ECCE |  | BTEA |  |
| HE Tax Exemption |  | Other |  |

|  |
| --- |
| If other, please give details |

Is the funding provided for a specific purpose and for a specific length of time?

|  |  |
| --- | --- |
|  | ✓ as appropriate |
| Yes |  |
| No |  |

|  |
| --- |
| If yes, please give details including duration of funding |

Is the funding dependent on offering accredited education and training?

|  |  |
| --- | --- |
|  | ✓ as appropriate |
| Yes |  |
| No |  |

|  |
| --- |
| If yes, please give details |

**3.2 Insert Public Liability Insurance Details**

*Evidence must be submitted with this Application Form - C:\Users\amaher\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\JGS8DG5I\MC900384162[1].wmfsupply policy details*

**3.3 Current Tax Clearance Certificate**

*Evidence must be submitted with this Application Form - C:\Users\amaher\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\JGS8DG5I\MC900384162[1].wmfsupply a copy of current tax clearance certificate*

**Section 4: Current Validated Programmes – Details and Quality Assurance**

**4.1 Quality Assurance System**

C:\Users\amaher\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\TIIP4N6P\MC900384162[1].wmf*Evidence must be submitted with all Application Forms - supply a chart showing how your quality assurance system is structured i.e. roles (individual and/or groups), responsibilities and reporting lines.*

Briefly describe your view of the purpose of your quality assurance system.

**4.2 Current Validated Programmes leading to QQI awards**

For each of the validated programmes on the spreadsheet supplied by QQI, please complete the information in the columns indicated in the spreadsheet.

For an explanation of the information supplied and information requested, see below:

***Programme 1***

* **Programme Code** and **Title**
* **QQI Award Details** i.e. NFQ Level, Class (Major, Special Purpose or Minor), Code(s)
* **Date of Validation**
* **Minimum number of learners** required to run the programme
* **Maximum number of learners** to start the programme at one time
* **Number of Intakes per Year**: i.e. Maximum number of instances of the programme offered per year
* **Total learner enrolment to date:** total number of learners who started the programme since validation
* **Completion rate for the programme** i.e. percentage of total learner enrolment which have achieved the target QQI award for the programme
* **Non-completion rate for the programme** i.e. percentage of total learner enrolment which did not complete the programme or did not achieve any QQI award from the programme.
* **Progression Rate Y1, Y2, Y3**: for programmes greater than one year in length, indicate the percentage of students who progress from one year to the next.

**Programme Quality Assurance**

Please comment on the last three statistics above when compared across the list of validated programmes. Your commentary should offer explanations for variations and extremes.

What learning and improvement was achieved through internal programme monitoring?

|  |
| --- |
|  |

FET providers: Have you carried out a self-evaluation of this programme as per QA procedures agreed with FETAC?

If yes, describe what were the main findings and improvements arising. If no, please explain why not.

|  |
| --- |
|  |

HET providers: Please reflect on the main findings arising from programmatic reviews carried out under terms of references agreed with HETAC or QQI, particularly if and where these findings have affected the way your quality assurance system operates.

|  |
| --- |
|  |

**4.3 Validated Programmes not being delivered**

Are there programmes validated which you never delivered and / or no longer wish to offer? If so, please give details below.

|  |  |
| --- | --- |
| Programme Code e.g PG12345 | Programme Title |
|  |  |
|  |  |

**4.4 Sites where your programmes are provided**

Please repeat this information for each site. (If you have multiple centres registered with QQI, a summary will be sufficient).

***Site 1***

Address

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  | Yes / No  ✓ as appropriate | |
| Do you own these premises |  |  |
| If no, give details of the current lease | | |
| Do you have the required planning permissions? |  |  |
| Do you have an up-to-date Safety Statement? |  |  |
| Does your building comply with Health and Safety Regulations? |  |  |
| Does your building comply with Fire Regulations? |  |  |
| Does your building comply with Disability Access Regulations? |  |  |
| Give title(s) of programme(s) to be delivered at this site | | |
| Proposed total number of learners for this site i.e. across all programmes at any one time | | |

|  |
| --- |
| Do you have criteria for selecting sites where programme space is to be rented as required? |
| Where parts of a programme are to be delivered and/or assessed off site by non-provider staff e.g. work based learning, do you have criteria for selecting such sites?  If so, please give details |

**4.5 Other Awards**

Please give details of education and training provision accredited by awarding bodies other than QQI and/or organisation/self-certified.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Programme Title** | **Award**  **(if applicable)** | **Awarding Body** | **Numbers of Learners per Programme** | **Duration of Each Programme** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Section 5: Statutory Declaration**

To be completed by Owner, Director or Principal Executive Officer of Applicant

I declare that the information provided in this Application Form and any attachments thereto 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.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Declared before me a Commissioner for taking Affidavit/Peace Commissioner  Practising Solicitor this  \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_ 20 \_\_ by  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  who is personally known to me/is identified to me by  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  at  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Commissioner for Oaths/Peace Commissioner/Practising Solicitor |

To avoid any delay in the processing of your application, please ensure that it is complete and check that all of the required evidence has been submitted.

Applications that are not accompanied by the required evidence will be returned to your organisation for completion.

**Please ensure full and accurate responses have been provided to all questions**

**C:\Users\amaher\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\HLKMCW4D\MC900384162[1].wmfChecklist of documents for submitting with an application for Reengagement**

|  |  |  |
| --- | --- | --- |
| ***Evidence required*** | ***File name*** | ***File format (e.g. Word, PDF etc.)*** |
| Evidence of the type of legal entity is submitted (1.2) |  |  |
| Evidence of Registration with the National Vetting Bureau of An Garda Síochána (if applicable) (1.2) |  |  |
| RBN1s for each trading name intended to be used by the applicant (1.2) |  |  |
| Organisation Chart (2.3) |  |  |
| Quality Assurance System – diagrammatic representation (4.1) |  |  |
| Documentation on Collaboration and Partnerships e.g. contracts, memorandum of understanding (2.5) |  |  |
| Documentation relevant to financial viability and resources (3.1) |  |  |
| Public Liability Insurance Details (3.2) |  |  |
| Current Tax Clearance Certificate (3.3) |  |  |
| The statutory declaration has been signed by the Owner, Director or Principal Executive Officer of the Applicant and witnessed by an authorised person (5) |  |  |
| Self-assessment report |  |  |
| Draft QA procedures |  |  |

I understand that an application submitted without the required documentation and payment of the appropriate fee will be considered incomplete and returned to me.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_