**Application for QA Approval**

**Fee Cover Note**

**Provider Name:**

**Contact Name:** **Email:**

**Application for** (please tick one option below):

Initial Access to Validation: Reengagement: Blended Learning QA Approval:

**Scope of provision (IAV and Reengagement Applications only)**

Please list the programmes you plan to include in your scope of provision (for initial access) or the programmes already validated by QQI (for reengagement).

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| **Programme Title** | **Award Class**  Major, SP, Minor | **Validated by QQI?**  (Yes/ No) |
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**PEL: (please tick the appropriate box)** required not required

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**Fee considered due: P.O. Number**

**Date of Application:**

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| **QQI Office use only**  Project Code: Account Code: PI Code:  €  Total amount due: Invoice #:­­­­­­­­­­­­­­­­  Approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­­­­­­ ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  QA Approval Team  Finance - Authorised by: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Finance – Sent by: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |