



Approval of Provider QA Procedures & Scope of Provision for Programmes leading to QQI Awards

Application Guide

Version 8 – March 2025

Table of Contents

1. Background	5
1.1 Purpose of this guide	6
1.2 Relevant documentation	6
2. Overview of the Process	7
2.1 Principles of the process	7
2.2 QQI's responsibility	8
2.3 Applicant's responsibility	8
3. Before deciding to apply	9
3.1 Pre-application engagement	9
3.2 How will a provider engage with QQI?	9
3.3 How will QQI engage with interested providers?	9
4. The Process	10
4.1 Stage 1 – Role of QQI	11
4.2 The Quality and Capacity Evaluation Panel	11
4.3 Process Outline	12
5. Outcome of Stage 1	15
5.1 What are the possible outcomes of Stage 1?	15
5.2 Overall Outcome – Stage 1	17
6. Stage 2 - Submission of Programme(s) for Validation	18
6.1 Role of QQI	18
7. Outcome of Stage 2 – Programme Validation	19
7.1 What is the outcome of Stage 2?	19
7.2 Successful outcome – programme is validated by QQI	19
7.3 Unsuccessful outcome – programme validation is refused	19
8. Timelines	19
9. Building a quality assurance system	20
9.1 Overview	20
9.2 What are quality assurance policies and procedures?	20
9.3 Monitoring and Review Systems	21

9.4 Quality Assurance Responsibilities and Structures	21
9.5 Where do I start?	22
9.6 Gap Analysis Phase	22
The Application Form	23
Section 1: Provider Details and Profile	24
1.1 Name of legal entity applying	24
1.2 Registered business/trading name(s)	24
1.3 Type of Legal Entity	24
Section 2: Ownership, Management and Governance Structure of the provider organisation	25
2.1 Details of all persons who own / direct the organisation	25
2.2 Details of influential non-owners of the legal entity applying for initial validation	25
2.3 Corporate Structure and Governance	25
2.4 Collaborative Relationships with other providers	25
Section 3: Compliance and Resourcing	26
3.1 Resources	26
3.2 Compliance Statement	26
Section 4: Scope of Provision - proposed programmes to be submitted for validation	27
4.1 QQI Validated Programmes	27
4.2 Non-QQI Awards offered	27
Section 5: Statutory Declaration	27
Sections 6 and 7:	27
Section 6 – Mapping of Application Documentation to Capacity Criteria	28
Section 7 – Mapping of Application Documentation to Capacity Criteria	30
Appendix 1: Typical Agenda for Panel Meeting with Provider	31

1. Background

The Qualifications and Quality Assurance (Education and Training) Act 2012 (hereafter the 2012 Act) established conditions that must be fulfilled before a provider may apply to QQI for validation of a programme of education and training. Primarily, a provider must have its quality assurance (QA) procedures approved by QQI before it can apply to offer programmes leading to QQI awards. Initial Access to QQI Validation is, therefore, a two-stage process. The first stage enables the statutory conditions around QA approval to be fulfilled and the second stage constitutes the application for validation of a specific programme(s) for awards made by QQI.

Since the commencement of Ministerial regulations in September 2025, private providers are required to demonstrate to QQI that they meet criteria that will give reasonable assurance to QQI that the provider has the capacity and capability to:

- a. Implement quality assurance procedures ('Stage 1'), and
- b. Provide programmes of education and training consistent with the requirements of the Act ('Stage 2').

The criteria relate to areas of business, including the legal identity, ownership, governance, management and control, finance and taxation of a provider. An online portal has been developed to enable providers to demonstrate that they meet the criteria. The overall provider approval process for a provider (Stage 1) will therefore now include two separate processes: (i) a due diligence evaluation ('stage 1a'), and (ii) quality assurance evaluation ('stage 1b'). To progress with programme validation, both processes must have positive outcomes. Detail on the due diligence evaluation process is available at [Due Diligence | Quality and Qualifications Ireland](#).

It is important for applicants to appreciate that QQI sets standards for awards. It does not develop programmes for, nor give learner assessment support to, providers. Providers seeking access to validation must take responsibility for the development, maintenance, provision and internal quality assurance (QA) of their own programmes and procedures for the assessment of learners enrolled on those programmes.

QQI quality assures the providers of programmes that it validates. Therefore, it must ensure that providers have a minimum capacity in place before allowing access to programme validation. Adequacy of provider capacity will be evaluated in terms of, for example, the type of provision proposed (e.g. the number of programmes proposed; the award- type, National Framework of Qualifications [NFQ] level to which programmes will lead; and field of education and training in which programmes will be offered); the types and number of learners to be enrolled; and the resources (financial, physical and human) in place.

Providers may also provide accredited education and training with other awarding bodies.

To enable a provider to seek access to QQI validation of its programme, education and training must be a principal function of that provider. This does not mean however that it has to be the only function. Some large organisations have substantial training divisions which might have the capacity to become providers.

Programmes of education and training take place in a variety of contexts and for many purposes. Not all of them can or should be validated by QQI and not all require recognition within the NFQ.

1.1 Purpose of this guide

This guide to the application process will give providers of education and training information on the process that will be used by QQI to assess the capacity and evaluate the quality assurance procedures of applicants to offer education and training programmes leading to QQI awards.

Part 1 of the guide gives an overview of the process.

Part 2 of the guide gives guidelines to assist applicants to:

- prepare a self-assessment using the gap analysis tool
- complete the application form
- develop draft quality assurance procedures

1.2 Relevant documentation

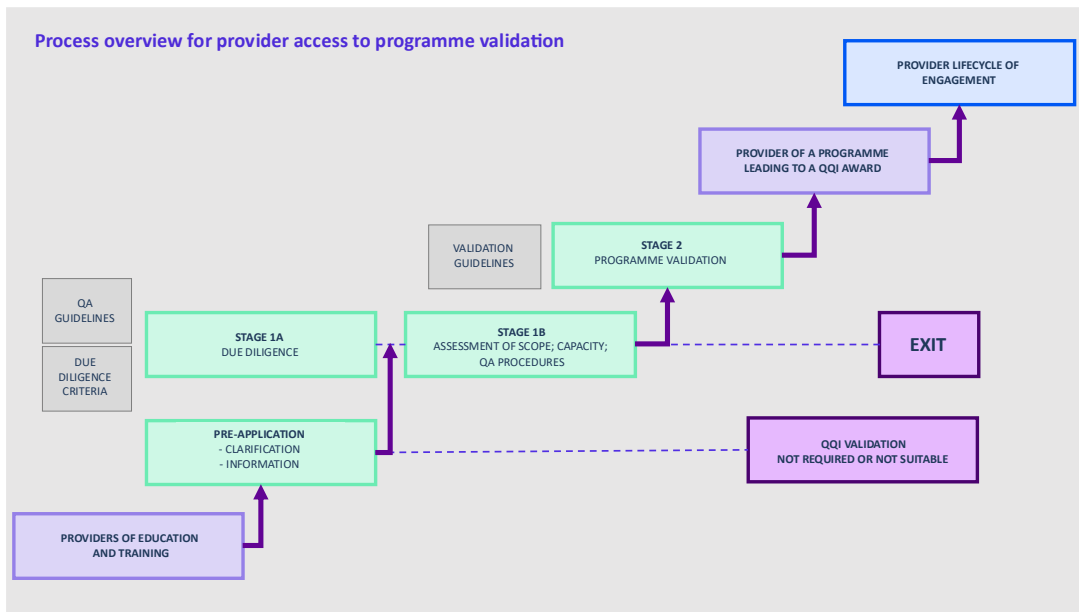
A range of essential and supporting documentation is available to providers i.e. policies and guidelines that will support applicants to meet the requirements of QQI. The documents listed below are available on www.QQI.ie in I am a New Provider. Over time, QQI will add other documents that may help providers through this process.

2. Overview of the Process

The overview of the provider approval process includes:

- Role and responsibilities of QQI
- Applicant's role and responsibilities
- Timelines for completing the process.

Diagram of the Process



2.1 Principles of the process

The process is underpinned by the following principles:

- Commitment to making this process as fair, straightforward, transparent and consistent as possible.
- Adherence to agreed timelines.
- Effective provision of information (regular briefings will be provided about the policy and process). It is not possible or appropriate to provide training, on-going support or consultation services, but meetings with providers to give information or clarification can be arranged at any time prior to an application being lodged.
- Confidentiality – QQI will treat all the information provided by an applicant as confidential in accordance with its Data Protection policy.

Note - QQI is subject to Freedom of Information legislation

2.2 QQI's responsibility

QQI is committed to providing an *objective* evaluation of each submission which will include the engagement of third-party expertise.

QQI will *evaluate* each application on the basis of the scope of the provision that an applicant is proposing to offer and its capacity to offer quality assured education and training to learners seeking QQI awards. The provider's scope of provision refers to the range of programmes for which quality assurance procedures and organisational capacity are deemed appropriate and within which future programme applications for validation can be made. It is determined by *inter alia* the award types to which programmes lead; the NFQ level at which those awards are placed; the discipline areas in which programmes are offered; the mode of programme delivery e.g. face-to-face or blended learning or fully online learning, etc.

QQI will adopt a *proportionate* approach to the evaluation of each application, having regard to the provider's operating context. QQI is conscious of the variety of education and training providers and their many operating contexts.

At all times, QQI reserves the right to seek additional information from applicants that it or the third-party expertise it utilises considers relevant to an application.

2.3 Applicant's responsibility

Providers seeking access to validation are responsible for the development, maintenance, provision and internal quality assurance (QA) of their own programmes and the procedures for the assessment of learners enrolled on those programmes. Therefore, there is a minimum capacity which must be in place before a provider may access programme validation.

It is the applicant's responsibility to ensure submission of sufficient evidence as proof of capacity to provide learners with a well-supported learning experience which allows them to achieve the learning outcomes for the award class and level of the QQI award sought.

3. Before deciding to apply

3.1 Pre-application engagement

Active participation in this phase is a compulsory part of the process. It will ensure that providers interested in applying for initial validation of a programme(s) will have every opportunity to be fully informed before committing to a formal application.

If the provider has not previously offered formally accredited programmes, it is strongly recommended that they fully investigate the implications of seeking QQI validation. It is an important business decision and should not be taken lightly.

The investigation should entail, at a minimum, market research for the proposed programme(s) and discussions with providers of similar scale who already have QQI validation. QA approval is the first stage of ongoing regulatory oversight, which includes annual monitoring and cyclical review.

It is important to understand that building a system from scratch is difficult and requires many resources both human and financial.

3.2 How will a provider engage with QQI?

An interested provider submits an Expression of Interest through QHelp:

<https://qhelp.qqi.ie/signup/>

supplying the following information in the Comments box:

- Name of entity/organisation/college/group
- Contact details (telephone and email)
- Position of a contact person who will liaise with QQI
- Website details
- QQI awards it is proposing to offer - NFQ level and class of award

Expressions of Interest are automatically acknowledged by return email and a Reference Number assigned.

Following submission of an Expression of Interest, a provider will be invited to the next scheduled QQI briefing. These briefings will give information on the requirements of the process and commitments of a provider during its lifecycle of engagement with QQI. There is no charge for these briefings.

An application for new provider approval from a provider who has not attended a briefing will not be accepted.

3.3 How will QQI engage with interested providers?

It will be the responsibility of QQI to:

- Publish on its website the relevant application forms and guidelines

required to make a new provider application through the process of initial access to programme validation.

- Send automatic email responses with a Reference Number which will be sent when an Expression of Interest is submitted. Queries are responded to in sequence within 5 working days.
- Arrange regular briefings. These briefings will be arranged to match the demand from providers. A provider who submits an Expression of Interest will be invited to a briefing to be held within three months (approximately) after the submission of an Expression of Interest.
- Make QQI staff available after each briefing to discuss a provider's individual circumstances. It is essential that providers are fully aware of all the implications of submitting a formal application for programme validation. Some providers, following a briefing and discussion, may decide that the submission of programmes for validation to QQI is not something they wish to pursue for a range of reasons.

4. The Process

Making an application to QQI is a two-stage process:

Stage 1a	Due Diligence evaluation
Stage 1b	Approval of QA procedures
Stage 2	Programme validation

Applicants must be successful at Stage 1, which encompasses a due diligence evaluation and approval of the provider's internal quality assurance procedures, before they can proceed to Stage 2 (programme validation). The applicant will, following attendance at a briefing:

- Notify QQI in advance of its intention to make an application.
- Receive credentials for access to the portal for the Due Diligence process.
- Complete and submit the Due Diligence online form.
- Pay the appropriate fee:
 - The schedule of fees is published on the website. This fee is non-refundable.
- Submit the following documentation in soft copy (to a QQI designated cloud folder)
 - Application Form for QA evaluation and supporting evidence.
 - Draft QA Procedures and supporting documentation.

Note that only when all elements have been submitted will an application be considered complete. Incomplete applications or incorrectly completed applications will not be accepted and will be returned to the applicant.

4.1 Stage 1 – Role of QQI

The role of QQI will be to :

1a Facilitate the Due Diligence evaluation.

Refer to [Due Diligence | Quality and Qualifications Ireland](#)

1b Provider Approval

- Review all submitted documentation and screen each application to ensure that all the requested evidence has been submitted. Applicants will be advised when applications have been identified as incomplete or incorrectly completed. The applicant may resubmit its application within the timeframe provided. If a re-submission is not received within this timeframe, or does not adequately address QQI screening feedback, the application is closed. In cases, where applications are closed at the screening stage, up to 50% of the fee will be retained by QQI.
- Process applications only where the applicant has paid the appropriate fee.
- Acknowledge receipt of an application within 10 working days and provide timelines for the completion of the process. It is anticipated that Stage 1b will take a maximum of 25 weeks to complete.
- Establish a Quality and Capacity Evaluation Panel to evaluate the application.

The panel will be comprised of experts in governance, quality assurance and assessment in education and training and, where appropriate, subject matter experts. Where providers propose to offer programmes of higher education and training, a learner will be included in the panel.

- Invite each applicant to an evaluation meeting (typically referred to as a “site visit”) with the Quality and Capacity Evaluation Panel.
- Advise the applicant of the outcome of its Stage 1 application following the Due Diligence evaluation and the recommendation of the Quality and Capacity Evaluation Panel, which will be considered under QQI’s governance structures. Applicants will be informed no later than 21 days after the [Approvals and Reviews Committee](#) meets.

4.2 The Quality and Capacity Evaluation Panel

The Panel will:

- Meet as frequently as required to evaluate an applicants’ draft quality assurance procedures and their capacity to meet the criteria set by QQI.
- Review all the documentation submitted by each applicant and any additional documentation prepared by QQI in relation to each application.
- Meet each applicant (virtually if necessary) to review its application and discuss the applicant’s QA procedures.

- Following its evaluation of the application, make a recommendation to QQI about the approval of the applicant's QA procedures and the scope of the provision within which it may submit programmes for validation.
- If applicable, recommend a number of conditions that must be met by the applicant before a programme can be submitted for validation.

4.3 Process Outline

The process involves the following steps:

1. The provider will review its resources (human, physical, financial); governance structures; and quality assurance structures, policies and procedures against current QQI statutory QA guidelines and will address any deficits identified. A Gap Analysis Tool is provided to assist in this process. It may be used a number of times to check progress.
2. The provider will notify QQI when it is ready to submit its application. QQI will then issue an invoice for the application fee and share a link to:
 - a secure folder to which the provider can upload its application documentation for the QA evaluation,

3. QA Evaluation

The provider will make an application to QQI comprising:

- A completed Application Form and supporting documentation
- Draft Quality Assurance Procedures
- Fee

QQI will acknowledge and record receipt of the application and will screen it for accuracy and completeness. QQI screening will seek to ensure clarity around the legal entity seeking access to QQI validation and its relationships with other providers of education and training nationally and internationally; details of owners and other key stakeholders; its capacity to offer programmes leading to QQI awards and the sustainability of proposed activities. QQI screening is not a qualitative evaluation of the QA procedures submitted.

Where required, screening feedback will be provided to the applicant outlining gaps and / or errors in the application that need to be addressed before the application can proceed to evaluation by a panel.

Please note: Failure to submit complete and accurate documentation within the specified timeframe in response to screening feedback may result in the application being closed. In such cases, QQI will retain up to 50% of the fee. Where an application is closed by QQI, a 'cooling off' period of six months commences during which no further application will be accepted from the provider.

4. A panel will be established comprising independent expert(s) appointed by QQI based on relevant experience and expertise. In some cases, the panel may include experienced QQI staff. All panel members will sign confidentiality agreements, and both panel members and providers will be asked to confirm that there are no conflicts of interest.
5. QQI will confirm a mutually agreeable date for the panel meeting with the provider (known as the site visit). It is expected that the majority of such meetings will be at the provider base. Meetings will be conducted virtually if necessary.
6. QQI will facilitate a planning meeting for the panel 1 – 2 weeks in advance of the panel meeting with the provider. This is an opportunity for the panel to finalise the agenda for the meeting with the provider and identify any clarifications or additional information required to ensure the meeting with the provider is as effective and efficient as possible.
See Appendix 1 for a typical agenda for a panel meeting
7. This site visit will entail a discussion between the panel and provider staff about the documentation submitted. The aim of the discussion will be to evaluate the adequacy and appropriateness of the provider's resources, governance and draft quality assurance procedures with reference to:
 - a. [QQI Statutory QA Guidelines](#)
 - b. Provider context and capacity
 - c. Intended provider programmes
8. At the conclusion of the site visit, the Chair will provide a brief verbal summary of the panel's findings and recommendations to the provider. The panel may recommend one of following three outcomes:
 - a. **Approval of a provider's QA procedures.** In this outcome, the panel may have some suggestions for how a provider might further enhance its QA infrastructure. Such suggestions will be set out as "Specific Advices".
 - b. **Refusal to approve a provider's QA procedures, with mandatory changes:** In such an outcome, the provider will have six months from the date of QQI decision (not from the date of the site visit – see points 15 and 16 below) in which to make the changes and submit evidence to this effect to QQI. A panel may identify both mandatory changes and specific advices for a provider.
 - c. **Refusal to approve a provider's QA procedures.**
9. In recommending approval of a provider's QA procedures, a panel may identify conditions of QA approval i.e. actions that must be taken by the provider within a specified time period in order for that approval to be maintained. These are known as
'conditions of QA approval' and are distinct and separate from 'mandatory changes', which are actions that must be addressed by a provider before its QA procedures can be approved.

10. Where a panel at a site visit identifies that a provider has a mandatory change(s) to make, but the change(s) is limited in scale and can be made speedily, a panel can defer its decision for six weeks to allow the provider time to address the proposed mandatory change(s) identified. After six weeks, the panel will reconvene (virtually, if necessary) to complete the process and in so doing, determine whether the proposed mandatory change(s) identified at the previous site visit has been satisfactorily addressed by the provider and thus make an overall recommendation to QQI.
11. Following the site visit, the panel will produce a report which will make one of the following possible recommendations:
 - a. Approve a provider's QA procedures (possibly with conditions of QA approval) together with a specified scope of provision.
 - b. Refuse to approve a provider's QA procedures pending mandatory changes.
 - c. Refuse to approve a provider's QA procedures.
12. The report will be sent to the provider for a factual accuracy check (using a QQI template designed for this purpose) and a formal response on the provider's headed paper.
13. The final panel report and the provider's formal response will be brought to QQI's Approvals and Reviews Committee (ARC) for decision. This committee is part of QQI's corporate governance. In approving a provider's QA procedures, the ARC may impose conditions of QA approval (see bullet 10 above). These may be those identified by the panel in its report and / or other / additional conditions deemed appropriate by QQI.
14. QQI will notify the provider and the panel of the ARC's decision.
15. A provider may appeal an ARC decision not to approve the provider's quality assurance procedures using the statutory appeal process.
16. QQI will publish the ARC's decisions, the associated reports and provider response. Only the summary findings of the due diligence process will be published within the Provider Approval report; no other details of the outcomes or inputs to the due diligence process are published by QQI.
17. A provider whose quality assurance procedures are approved will publish the approved procedures to its website and submit a link to same to QQI.
18. Providers will comply with any conditions of QA approval imposed by QQI and report on progress in implementing approved QA as required.
19. Providers will notify QQI immediately of any changes to approved QA procedures.

5. Outcome of Stage 1

5.1 What are the possible outcomes of Stage 1?

The outcome of the process is determined by the 2012 Act. As noted above, QQI may decide one of the following three outcomes:

- a) **To approve a provider's QA procedures.** Where the panel recommends this outcome, the panel may suggest further enhancements to a provider's QA system. Such suggestions, if approved by QQI, will be set out as "Specific Advices" in the panel report. In recommending approval of a provider's QA procedures, a panel may identify conditions of QA approval i.e. actions that must be taken by the provider within a specified time period in order for that approval to be maintained. These are known as 'conditions of QA approval' and are distinct and separate from 'mandatory changes', which are actions that must be addressed by a provider before its QA procedures can be approved (see b). below).
- b) **To refuse to approve a provider's QA procedures pending mandatory changes.** Where the panel recommends this outcome, the provider will have six months from the date of QQI decision in which to make the mandatory changes and submit evidence to this effect to QQI. A panel may identify both mandatory changes and specific advices for a provider.
- c) **To refuse to approve a provider's QA procedures.**

Successful outcome: Approval of QA procedures

If the applicant is successful at Stage 1 of the process, it may submit an application for the validation of programme(s) within its approved scope of provision. Each applicant has up to a maximum of 6 months to submit the programme(s) for validation from the date of notification of QA approval from QQI. If the programme(s) is not submitted within 6 months, the Stage 1 approval will lapse. Applicants will be required to make a new submission. The appropriate fee will apply.

The implementation and effectiveness of the provider's approved QA procedures will be monitored and reviewed thereafter. Where a provider wishes to extend its scope of provision, QQI may permit this as part of a subsequent application for programme validation (as per Section 30(1a) of the 2012 Act as amended). If QQI agrees to facilitate parallel extension of scope and provider approval processes, it will put in place a process to evaluate the provider's additional QA procedures in conjunction with the validation process.

As noted under Section 4 above, any conditions of QA approval imposed by QQI must be complied with. Providers must notify QQI immediately of any changes to approved QA procedures and report to QQI on the implementation of approved QA procedures as required. The provider must publish its approved QA procedures to its website.

Unsuccessful outcome: Non-approval of QA procedures pending mandatory changes

Applicants who are refused approval pending mandatory changes may resubmit their revised QA policies and procedures and additional evidence requested within six months of notification of QQI's decision to refuse.

There is no fee charged for a resubmission. Where practicable, the same panel which carried out the original evaluation will evaluate the resubmission and make a recommendation to QQI. The outcome of that evaluation will be final i.e. Approval or Refusal to approve. The panel report will be published when the overall process has concluded.

Unsuccessful outcome: Refusal to approve QA procedures

Applicants who are refused approval of their draft QA procedures and who fail to demonstrate their capacity to meet the QA criteria will be notified in writing and the reasons given for the refusal. Such applicants may submit observations to QQI for consideration by the Approvals and Review Committee within a specified time period. Applicants will have access to a [statutory appeals process](#).

5.2 Overall Outcome – Stage 1

As noted above, in order to proceed to Stage 2 of the provider approval process, the provider must pass the Due Diligence process and successfully have its QA procedures approved in Stage 1 of the provider approval process.

Possible Outcome	Due Diligence	QA Approval	Overall Outcome
1	Positive	Positive	Positive
2	Negative	Negative	Negative
3	Negative	Positive	Negative
4	Positive	Negative	Negative

6. Stage 2 - Submission of Programme(s) for Validation

Following approval at Stage 1, the provider progresses to Stage 2 – the submission of programme(s) for initial validation leading to QQI awards. The provider will:

- Be required to attend a briefing on QQI validation requirements.
- Have a maximum of 6 months to submit a programme(s) for validation after approval at Stage 1.
- Only apply for validation of programmes which lie within the approved scope of provision decided at Stage 1.
- Pay the appropriate non-refundable fee for the validation of its programme(s). Evaluation will not commence until the fee is paid.

6.1 Role of QQI

The role of QQI in Stage 2 of the initial access to programme validation process is to:

- Arrange briefings for providers successful at Stage 1 on the Stage 2 process to inform them of the validation requirements in the context of their approved scope of provision.
- Evaluate the submitted programme(s) according to the evaluation criteria for further or higher education and training – whichever is most appropriate to the scope of provision that has been approved at Stage 1.
- Appoint an external expert panel of subject matter, industry and quality assurance experts as appropriate to evaluate the proposed programme. The number of evaluators will depend on the NFQ level and complexity of the proposed programme. QQI will determine the number of evaluators assigned to each panel. A (virtual if necessary) site visit / panel meeting will typically form part of this evaluation. The panel will make a recommendation to QQI about the programme(s) evaluated. They can also recommend conditions that must be met before approval and completion of the validation process.
- Consider the recommendation of the panel and made a decision on outcome. Following consideration of the evaluators' recommendation, QQI will inform the applicant of the outcome within a maximum of 25 weeks of the programme submission. Multiple submissions may take longer to process.
- Publish reports on the outcome of the process on www.QQI.ie

7. Outcome of Stage 2 – Programme Validation

7.1 What is the outcome of Stage 2?

Section 45 of the 2012 Act deals with the outcome of the evaluation of programme validation:

- 45.** (1) Upon receipt of an application under section 44(5), the Authority may
- (a) subject to subsection (2), validate the relevant programme of education and training where the programme satisfies the criteria established by the Authority under section 44(1), or
 - (b) refuse to validate the programme and give reasons for the refusal.

7.2 Successful outcome – programme is validated by QQI

An applicant approved to offer a programme(s) leading to QQI awards commits to a range of obligations associated with QQI approval and programme validation: these include provision of information to QQI and to learners, monitoring and review.

7.3 Unsuccessful outcome – programme validation is refused

An applicant who is refused validation for the programme(s) they have submitted may appeal the decision under the 2012 Act.

8. Timelines

QQI is aware that applicants will want an efficient process to enable them to have programme(s) validated within a reasonable time frame.

It is anticipated that provider approval (Stage 1b) will take approximately 25 weeks and Stage 2 will take a maximum of 25 weeks.

The Due Diligence process (Stage 1(a)) will take place in parallel with the Stage 1(b) process.

However, QQI will put in place measures to shorten that time frame where possible by:

- Arranging regular briefings for providers who express an interest in this process.
- Meeting the deadlines given on screening applications.
- Communicate with applicants to ensure they are kept informed of the progress of their application.

9. Building a quality assurance system

9.1 Overview

The purpose of Stage 1b of the process (QA approval) is to provide confidence to QQI and, through QQI, to the rest of the education system and prospective learners, that a provider has the resources, governance and QA systems in place to successfully develop and deliver programmes which will be consistent with the standards of the National Framework of Qualifications.

Because a provider will be operating autonomously for the most part, it is critical that it can demonstrate the capacity to do so in a manner which will maintain the integrity of the awarding system. This requires clarity as to its responsibilities at every level of its operations, as well as a governance system which will have sufficient objectivity to provide oversight and accountability for all significant decision making.

QQI provides guidelines for providers as to what their quality assurance systems should address, and these are an essential starting point for any potential provider. The guidelines are for all types of provider and need to be interpreted and localised by each provider to suit the type and scale of provision they intend to offer.

A provider's quality assurance system (policies, procedures, governance system) should be documented so as to be understood and used by the provider's staff and other stakeholders in the future. It should be possible to map the provider's procedures to QQI's Statutory Quality Assurance Guidelines so that a panel will be able to see how and where a provider has documented approach to implementing a particular guideline.

This mapping should be made explicit in the application form as this is the way the panel will navigate through the documentation.

It is also important to understand that the QA policies and procedures are not just an entry criterion for QQI but will be critical for any new provider as they will provide the guidance and security for staff and learners that the right processes are being followed and the quality of programmes is being monitored.

9.2 What are quality assurance policies and procedures?

In this context, a policy will be a statement or series of statements which set out a provider's position and commitment(s) on a particular area of education and training provision. It should show that a provider is aware of its obligations in the area and is committing to deliver on these obligations.

A policy will:

- Be written for all stakeholders, internal and external and will have the primary purpose of informing
- Align with [QQI Statutory Quality Assurance Guidelines](#)
- Comply with QQI [Policy and Criteria for Validation of Programmes](#)
- Be available to all stakeholders e.g. on a website

- Have the understanding and backing of senior management
- Inform learners of what they should expect from the provider
- Inform staff of what is expected of them
- Provide a protection and support to provider staff in carrying out their work

A procedure will:

- Describe a process intended to deliver all or part of a policy commitment
- Be written to be available and understood by the people who will be operating the process or engaging with it
- Address the practicalities of the process – actions, forms, actors, timelines, information flows, records, etc. should be designed with the intention of delivering quality and consistency
- Be capable of being monitored, i.e. records and / or indicators will be generated which should show if the procedure is being followed and, crucially, if it is effective
- Evolve over time as possible improvements are identified and implemented.

9.3 Monitoring and Review Systems

An essential element of a quality assurance system is the methodologies used to regularly monitor and review programme quality through:

- Stakeholder feedback (learners, staff and external)
- Ongoing checking of adherence to procedure and effectiveness of same
- Ongoing checking of adherence to programmes as validated
- Formal review of programmes – review procedures are an essential part of QA systems

The products of monitoring and review should be available for internal and external oversight. Reports of formal self-assessments done as part of a review procedure should be published.

9.4 Quality Assurance Responsibilities and Structures

It is important that lines of responsibility for quality assurance and governance be clear.

Where there are such roles, held by individuals or committees, it will be expected that purpose and responsibilities are clear and appropriate.

Where there are committees e.g. Academic Councils, Programme Boards, Advisory Boards etc., the following should be made explicit:

- Terms of reference
- Membership
- Quorums
- Frequency of meetings
- Reporting relationships

It is recommended that wherever possible, diagrammatic representations be used to show the layers of responsibility and reporting.

9.5 Where do I start?

If a prospective applicant to QQI is an existing provider offering programmes within the proposed scope of provision but accredited by another awarding body, it is likely that it will have at least some of the policies and procedures in place already. It should proceed to the Gap Analysis phase to identify what needs to be developed.

If, on the other hand, the applicant has not been offering formally accredited programmes, it is strongly recommended that it conduct substantial research as to the implications of seeking QQI validation.

This should entail, at a minimum, market research for the proposed programme(s) and discussions with providers of similar scale who already have QQI validation.

It is important to understand that building a system from scratch is difficult and requires many resources – human and financial.

9.6 Gap Analysis Phase

To prepare for application, a provider is expected to conduct a gap analysis / self-assessment of its current resourcing and quality assurance relative to QQI capacity criteria and QA guidelines. The Gap Analysis Tool / Action Plan is designed to assist in this process. It asks a series of questions that are relevant to the conduct of providers offering nationally validated programmes. The applicant needs to be able to show that it has the resources, policies and procedures in place to be able to answer these questions or identify why the questions are not relevant to the provider's particular context.

Gap Analysis / Self-assessment involves collective reflection on questions important to the consistent and sustainable provision of programmes leading to nationally and internationally recognised qualifications with a view to identifying strengths and any areas which require attention.

Such reflection should then lead to work designed to fill any gaps and vulnerabilities identified. This may be followed by a further gap analysis phase(s) to incrementally identify and address issues.

These periods of gap analysis and development / updating of systems, processes and documentation will take time, effort and expense and this needs to be planned for.

When the provider feels that the self-assessment process is completed, that the significant issues identified have been addressed and definite action plans are in place for other less critical issues, an application should be assembled.

The Application Form

The Initial Access Application Form comprises the sections listed below:

Section 1	Provider Details and Profile
Section 2	Ownership, Management and Governance Structure
Section 3	Compliance and Resourcing
Section 4	Scope of Provision
Section 5	Statutory Declaration
Report on provider self-assessment using Gap Analysis Tool	
Section 6	Identification and mapping of documentation to capacity criteria
Section 7	Mapping of QA Procedures to relevant QQI Guidelines

The application form should be completed electronically. A short explanation of the type of information requested is provided below, but further guidance is given in the form itself. The numbering (1.1, 1.2 etc.) reflects that used in the form.

Section 1: Provider Details and Profile

This section provides up to date information about the provider in the following broad areas:

1.1 Name of legal entity applying

Note that the name of the legal entity may differ from the trading name(s).

1.2 Registered business/trading name(s)

An entity may have more than one registered business/trading name(s). List all registered business/trading name(s) the entity intends using. Indicate the business/trading name(s) that will be used when offering specific programmes leading to QQI awards.

1.3 Type of Legal Entity

The applicant shall be a clearly identifiable legal entity having rights and responsibilities under law, whether as a company, sole trader, partnership, etc., properly constituted and registered, where appropriate, in accordance with the requirements of the Registrar of Companies, the Irish Revenue Commissioners and other relevant regulatory authorities.

Common types of legal entities are listed in the table below. Applicants must submit the appropriate evidence requested in the table below.

(Please note that further information/documents may be required).

Limited company	
Partnership	
Trust	
Sole Trader	
Other	If other, please provide details
Is the organisation a member of a group of companies?	Yes/No If yes, please provide details including group structure

Section 2: Ownership, Management and Governance Structure of the provider organisation

2.1 Details of all persons who own / direct the organisation

QQI requires full disclosure of all persons who own/have a shareholding or a significant interest in the entity. These details should align with the details available from the Companies Registration Office. QQI is also seeking information on the extent of the involvement/role of the owner in relation to education and training provision.

The owner may, in some cases, be one of the key personnel/executive and responsible for many aspects of the entity's operations. In other cases, the owner(s) takes no part.

If there are more than three owners/shareholders, additional sections may be added. The purpose of this section is to provide QQI with accurate information regarding the ownership and management profile of the applicant provider.

2.2 Details of influential non-owners of the legal entity applying for initial validation

QQI is using the expression 'influential non-owners' to reflect the variety of roles that could exist in an entity that will influence aspects of the education and training provision.

Key personnel/executive, such as chief executive/director of studies/senior trainer/registrar, should be detailed here as should consultants working with the applicant.

If there are more than three influential persons within the organisation, please add his/her/their details.

Consultants should be identified i.e., [consultant name] was retained for the purposes of assisting [provider name] to prepare this QA approval application. Any ongoing consultancy services or support should also be outlined.

2.3 Corporate Structure and Governance

Supply an organisation chart which shows the structure of the provider i.e. corporate governance structure(s), management and departments as appropriate.

2.4 Collaborative Relationships with other providers

QQI requires details on any relevant third-party collaborations and partnerships that will impact on any element of the education and training provided by the applicant, i.e., another provider with specific technical expertise/equipment may be contracted to provide elements of a programme.

Section 3: Compliance and Resourcing

3.1 Resources

Applicants proposing to offer education and training programmes must provide assurances to QQI that they have the necessary financial resources to sustain the proposed programme. Financial resources can come from private or public sources. In some cases, it can be a mixture of both.

Applicants are required to provide sufficient documentation to QQI to establish their financial viability through the Due Diligence application.

3.2 Compliance Statement

QQI requires providers to comply with all applicable law and regulation in Ireland. Examples include (but are not limited to) relevant legislation relating to financial management, equal opportunities, employment, data protection and health and safety.

Section 4: Scope of Provision - proposed programmes to be submitted for validation

4.1 QQI Validated Programmes

Scope of provision is defined by several parameters set out in a table in the application form. It is critical to a proportionate evaluation of quality assurance procedures as it describes the breadth and depth of a provider's programmes and the range of factors which would need to be quality assured.

To specify the scope of provision, the applicant will complete the table with reference to the programmes the provider proposes to submit for validation if its Stage 1 application is approved.

The highest and lowest NFQ levels and largest award classes should be identified. It is also important to identify the types of programme provision envisaged e.g. blended, fully online, collaborative, transnational, etc.

Please note that it will be at the discretion of QQI whether or not a prospective new provider is permitted to apply for a scope of provision that includes fully online methodologies, and that QQI's determination will be based on the provider's evidenced capacity and track record.

4.2 Non-QQI Awards offered

In this section, the provider is asked to identify any programmes it currently offers which lead to recognised awards by awarding bodies, national or international, other than QQI.

Section 5: Statutory Declaration

QQI requires all applicants to complete a statutory declaration confirming that all the information supplied in the application form is accurate and truthful.

Sections 6 and 7:

Sections 6 and 7 of the application form enable the applicant to communicate the findings of the final gap-analysis performed between:

- QQI organisational capacity criteria and provider documented evidence of meeting these criteria (Section 6).
- QQI QA guidelines and provider's documented QA procedures (Section 7).

Section 6 – Mapping of Application Documentation to Capacity Criteria

Section 6 lists the capacity criteria and, for each, asks the provider to record its assessment against the following headings:

Question	What is required of provider
Gap Analysis Satisfactory? (Y/N)?	In the provider's estimation does the gap analysis show that the criterion is met?
If not fully satisfactory, identify action(s) planned and date(s)	If the criterion is relevant and has not already been addressed, what actions are required and when will they be carried out?
Summary description of evidence / process	What documentary evidence / process is available to show that the criterion is addressed? A short description should be entered here.
Where evidenced (Document)	Identify which specific document in the application contains the evidence or details the process.
Page Number / Reference	Identify the specific reference or page number in the document where the evidence or process description can be Found

Example:

Gap-analysis question	Gap Analysis Satisfactory (Y/N)?	If not fully satisfactory, identify action(s) planned and date(s)	Summary description of evidence / process	Where evidenced (Document(s))	Page Number / Reference
2.2a. Where is risk considered and managed within the organisation? Is there a risk register?	Y	N/A	The senior management maintain a risk register which is reviewed and updated at monthly meetings. Risk is a standing agenda item for the quarterly meetings of the E&T Governance Committee.	QA Manual: Corporate and Academic Risk Management procedure. Terms of Reference E&T Governance Committee	P27 -29 P17

It is important to complete the table for Section 6. If any of the criteria are not applicable, use the table to explain why this is so.

Section 7 – Mapping of Application Documentation to Capacity Criteria

Section 7 lists the gap-analysis tool questions pertaining to the provider's QA procedures and their consistency with QQI guidelines. The table is completed in the same way as in Section 6.

Question	What is required of provider
Gap Analysis Satisfactory? (Y/N)?	Does the gap analysis show that the question can be answered with reference to the provider's QA documentation?
If not fully satisfactory, identify action(s) planned and date(s)	If the question has not already been addressed in the QA documentation, address what actions are required and when they be carried out
Summary description of procedure / structure	What procedure / structure deals with this issue? A short description should be entered here.
QA Procedure (Document)	Identify which specific documents in the application details the procedure /structure.
Page Number / Reference	Identify the specific reference or page number in the document where the procedure can be found

How will QQI use the information contained in Sections 6 and 7?

Each applicant's application will be used by QQI and its panel of experts to:

- (i) Ensure that the criteria and guidelines have been used by the provider in preparing the application.
- (ii) Provide a mapping between the provider's application documentation and the criteria / guidelines against which the application is being compared.

Appendix 1: Typical Agenda for Panel Meeting with Provider

Provider Approval

Evaluation of Quality Assurance Procedures and Institutional Capacity

Panel Meeting

Draft Agenda

Time	Activity
08:30	Panel arrives
08:30 – 09:15	Private Meeting of the panel
09:15 – 10:45	Session 1: Presentation of Application for New Provider Approval <ul style="list-style-type: none"> • Introductions and context setting • Presentation by provider on <ul style="list-style-type: none"> ○ Self-assessment process and report <ul style="list-style-type: none"> ▪ Resourcing and Capacity – Findings ▪ Quality Assurance – any vulnerabilities identified ○ QA Procedures for approval <ul style="list-style-type: none"> ▪ Structure ▪ Governance and Externality ▪ Communication to stakeholders ▪ Monitoring of effectiveness ▪ Further development required ▪ Blended learning (if relevant) • Panel to seek clarification as required in interactive discussion. Focus to be on findings of gap analysis and self-assessment, particularly on how QA system will manage areas of potential vulnerability.
10:45 – 11:15	Tea/Coffee Break
11:15 – 12:15	Session 2: Meeting with <roles> QA Policies and Procedures for <ul style="list-style-type: none"> • Teaching and Learning • Programme development and approval processes • Access, Transfer and Progression • Staff – Recruitment, Maintenance, Development and Supports • Assessment <in context> • Learner Information and Supports – before and during programmes • Blended learning (if relevant)

12:15 – 12:45	Tea/Coffee Break
12:45 – 13:30	Session 3: Meeting with <roles> QA Procedures for <ul style="list-style-type: none"> • Learner Recruitment, Learner Supports, Learner Records • Information management and Public Information • Blended learning (if relevant)
13.30 – 14:00	Lunch
14:00 – 14:15	Private Meeting of panel
14:15 – 14:30	Session 4: Meeting with selected provider representatives (optional - if required to clarify any outstanding issues)
14:30 – 15:15	Private Meeting of panel
15.15 – 15:30	Session 5: Preliminary Feedback to Senior Management:
15:30	Finish