

Self-Regulated Qualification: Proposal

Self-regulated
Qualification
(SRF1)

Please fill in each section of this form.

Your regional representative will be able to help you. You can also use the SRF1 Companion document for further information. You need to fill in a form for each qualification.

Remember:

Your qualification must be unique.

Your centre must have approval to offer Pearson vocational qualifications. If not, you will need to go through this process before you can seek qualification approval.

Our Product Council may not approve the application.

You can only start delivering your qualification after you receive your Qualification Approval letter from Pearson

1 What are your contact details?

Please fill in the name of your organisation and contact details

| | |
|---|--|
| Centre name | |
| Centre number | |
| Head of centre | |
| Address | |
| Telephone number Please include international dialling code | |
| Email | |
| Centre web site address | |
| Your name | |
| Your telephone number Please include international dialling code | |
| Your email address | |
| Your job title | |
| Name of Pearson regional contact | |

2 When do you need the qualification?

Please fill in your proposed timescales here.

| When do you plan to begin to market your qualification? | When do you plan to begin teaching your qualification? | When will your first registrations be? | When will you be presenting your first learners for assessment? |
|---|--|--|---|
| | | | |

3 What will your qualification look like?

Please fill in the details of your proposed qualification.

3.1 What is the proposed title for the qualification?

| | Example | Your title |
|--|----------------|------------|
| Brand, eg BTEC or employer name (optional) | <i>BTEC</i> | |
| Proposed Level | <i>Level 2</i> | |
| Qualification name eg HND (optional) | | |
| Size ie Award, Certificate or Diploma | <i>Award</i> | |
| 'in' or 'for' | <i>in</i> | |
| Subject | <i>Editing</i> | |

3.1 Why do you need this qualification? Add details for each point as far as possible.

Please outline the outcome from a learner's perspective

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What is distinctive about this proposal?

What is the opportunity or problem solved by the proposal?

Please provide evidence to support the demand from employment/industry

3.3 What are the key objectives for your proposed qualification?

Is this proposal linked to any other qualifications/services?

3.4 What languages will you use to assess your qualification?

| | | |
|----------------------------|--------------------------|--|
| English only (tick 'yes')? | | |
| Yes | <input type="checkbox"/> | If no, please list any alternative languages |
| Other | <input type="checkbox"/> | |

3.5 What languages will you use to teach your qualification?

| | | |
|----------------------------|--------------------------|--|
| English only (tick 'yes')? | | |
| Yes | <input type="checkbox"/> | If no, please list any alternative languages |
| Other | <input type="checkbox"/> | |

3.6 What is the status of your proposed qualification with your government?
(International centres only)

| | | | | |
|--|--------------------------------------|--------------------------|----|--------------------------|
| | Please tick the relevant boxes below | | | |
| The qualification needs approval from a government department before it can be offered in-country. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| The qualification needs approval from a regulatory organisation before it can be offered in-country. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, please specify | | | | |
| | | | | |

3.7 Does the proposed qualification have to comply to any external regulatory or professional body criteria?

| | |
|------------------------|---|
| If yes, please specify | |
| Yes | If yes, please list regulatory or professional bodies |
| No | |

3.8 Qualification benchmarked against a framework?

| | |
|-----|-----------------------------|
| Yes | Additional detail if other: |
| No | |

3.9 What is the size of your qualification?

| | |
|---|--|
| How long will it take to teach the full qualification ie the total number of unit learning hours? | |
| How many units are there in your qualification in total? | |
| How many units are mandatory? These are units the learner must complete to gain the qualification. | |
| Do you have an outline of unit content you expect to see? if so, please provide. | |

3.10 What are the unit titles? How much time will it take to deliver and assess them? Where will we find the units, if they are from Pearson?

| Mandatory units – these are units that the learners must complete. | | | | | |
|--|-------|--|--|---|---|
| Unit title (OFQUAL or Pearson Qualification finders) | Level | N=new unit E= existing Pearson unit | Pearson units have a unique code given in the specification E.g. /___/_____ | How many Unit Learning Hours (ULH)* OR RQF credits? | Which existing Pearson Qualification name and or number does this unit come from? |
| <i>E.g. Principles of Leadership and Management Styles</i> | 3 | E | <i>E.g. F/506/8768</i> | 4 credits | <i>Pearson BTEC Level 3 Award in Principles of Management (QCF)</i> |
| <i>E.g. Entrepreneurship and Small Business Management</i> | 4 | E | <i>E.g. T/508/0495</i> | 15 credits or 150 (ULH) | <i>601/8364/0 Pearson BTEC Level 4 Higher National Certificate in Business</i> |
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Continued overleaf...

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*ULH = Total time to deliver qualification including: teaching, self-study, revision and assessment.

| Option units – units that learners can choose from (if required) | | | | | |
|--|-------|--|---|---|---|
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Continued overleaf...

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*ULH = Total time to deliver qualification including: teaching, self-study, revision and assessment.

4 Who are your learners?

What is the learner profile for this qualification? Please give information about your learners.

| | | | | | |
|----------------------------|-----------------------------------|-----|--|----|--|
| Age range | | | | | |
| Entry requirements, if any | None required | Yes | | No | |
| | Previous experience | | | | |
| | Previous qualifications and level | | | | |
| Any additional information | | | | | |

4.1 How many learners do you expect to register over the next three years?

| Year 1 | Year 2 | Year 3 |
|---|--------|--------|
| | | |
| What evidence do you have to suggest that you will achieve these numbers? | | |
| | | |

4.2 What progression routes are there for your learners when they achieve the qualification? E.g. evidence of agreements with Higher Education providers, employment (if so, provide an example of the role)

5 Delivering and assessing your qualification

Please explain how you are going to deliver and assess your qualification.

5.1 How will you deliver your qualification?

Tick the appropriate boxes. You can choose more than one box.

| | | |
|-------------------|--------------------------|--|
| Face to face | <input type="checkbox"/> | If you have ticked 'other' please give more information. |
| Distance learning | <input type="checkbox"/> | |
| Online | <input type="checkbox"/> | |
| Workbased | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | |

5.2 Please give a brief description of the anticipated teaching and learning model details:

- Duration
- Staff and expertise required
- Likely approach to delivery
- Role of work-based or other features

E.g. regular weekly lectures at a college/independent study supported by online resources/ mainly work-based projects with a supervisor.

5.3 How will you deliver your assessment?

Tick the appropriate boxes. You can choose more than one box.

| | | |
|----------------------|--------------------------|---|
| Portfolio | <input type="checkbox"/> | If you have ticked 'other' please give more information. <div></div> |
| Observations | <input type="checkbox"/> | |
| Workplace assessment | <input type="checkbox"/> | |
| Short answer tests | <input type="checkbox"/> | |
| Assignments | <input type="checkbox"/> | |
| Witness statements | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | |

5.4 What will you assess?

| | |
|--|--------------------------|
| Knowledge and understanding of subject | <input type="checkbox"/> |
| Practical skills | <input type="checkbox"/> |
| Both | <input type="checkbox"/> |

6 Any further information

Is there any other information about your proposal that you feel would help to support your application. Please provide details below.

7 What next?

Please email this form to your Regional Manager (international centres) or Business Account Manager (UK centres) and attach the following documents along with the following attachments to highernationals@pearson.com (for level 4 and 5) or WBLcentresupport@pearson.com for (all other levels):

- All the units that you have developed
- Samples of training materials for the units, if available
- Samples of assessment materials or example assessment briefs if available
- A syllabus or specification, if units have been selected from an existing Pearson qualification

International centres:

A Portfolio Manager will contact your regional representative for additional information, if required. Your regional representative and Portfolio Manager will then present your proposal to the Product Council.

UK centres:

Your Business Account Manager will contact you for additional information, if required. The Product Council will make the following decisions:

1. your application will progress to the next stage for development and costs will be determined at that stage.
2. we require more information
3. your application has not been successful.

Thank you for taking the time to complete this form in as much detail as possible.

Agreement by Principal, Chief Executive or Head of Centre/ Institution

Terms & Conditions: After your completed SRF1 form has been reviewed you will receive contract/centre agreement for signature that will apply to the development of your qualification. You must sign and return these before any qualification development can start.

| | |
|--------------------------|--|
| Head of Centre name | |
| Head of Centre signature | |
| Date | |
| Email address | |

Internal use only

Key Personnel

| | |
|--|--|
| Regional Manager/Business Manager name | |
| Email address | |
| Regional Director sponsorship (International only) | |
| Portfolio/Appraisal Manager | |
| SRF1 | |

| | | |
|------------------|---|--|
| Type of proposal | New | |
| | Replacing existing qualification. Give full title | |
| | Amending existing qualification | |

Timescales and key information

| | |
|--|--|
| Date proposal received by account manager | |
| Date of business approval | |
| Date of Concept Approval Panel | |
| Concept Approval Form number | |
| Proposed sector code | |
| Development costs agreed with centre | |
| Value of Registration fee agreed (GBP £) | |
| Regional standard fee | |
| Date of notification email to centre regarding CAP outcome | |
| Date of qualification development sign-off | |
| Date of qualification approval | |

Centre history

Provide any historical information that may have an impact on the proposal.