



Pearson

Collaborative and Consortia Arrangements Application Form

Note: If completing the form electronically please ensure your Adobe software is up to date.

Centres wishing to work together to deliver approved vocational qualifications must complete this form. Centres are advised to read the 'Collaborative arrangements for the delivery of vocational qualifications policy', before completing this form.

This form can also be used to;

- Add a new member to a Consortium Collaborative Arrangement
- Apply for approval for additional qualifications for the consortium
- Apply for an exceptional arrangement
- Apply to withdraw a centre(s) from collaborative or consortia arrangement

PLEASE COMPLETE ALL SECTIONS OF THIS FORM

SECTION 1: Details of the Lead Centre (The Lead Centre is responsible for communicating with all members of the collaborative arrangement, to ensure full understanding of programme and quality assurance requirements)

Collaborative arrangement						
Type of collaborative arrangement (please tick one)	exceptional collaborative arrangement		collaborative arrangement		consortium arrangement	
Consortium Name						
Lead Centre Number	Lead Centre Name					
Lead Centre Address:						
	Postcode:					
Tel. No				Fax No:		
Contact Name for Lead Centre:				Designation:		
Contact email address						

SECTION 2: Members of the Collaborative Arrangement (All members must have existing centre approval)

Centre Number	Centre Name

(If you have more members than fit above please add more lines or continue on an additional sheet)

SECTION 3: Qualifications:

Please list the qualifications you wish to deliver within the Collaborative arrangement

QN Number or other identification code	Full Qualification Title e.g. Sport and Exercise Science	Qualification level e.g. First Diploma,

(If you have more qualifications than fit above please add more lines or continue on an additional sheet)

SECTION 4: About the arrangement

The members of the arrangement and Pearson must be satisfied with regard to the following *four* areas (please continue on a separate page if required):

1. The aims & objectives of the consortium / collaborative arrangement.

Please also give detail of the responsibilities of each member of the arrangement. If delivery, assessment and verification is to be shared by the members, please provide full information about the way this will operate.

2. Detail of the procedures in place for communicating within the arrangement.

Please provide detail of who will be the main contact people at each centre, how communication will happen (e.g. email; telephone; Skype: teleconferencing) Please provide schedules and purpose of meetings with consortium member of staff.

3. Explanation of how the Lead Centre will co-ordinate and monitor ongoing quality of delivery, assessment and quality assurance by the members of the arrangement.

4. A summary of the annual review process that will take place within the consortium/ arrangement for each qualification:

SECTION 6: Declaration

I the undersigned, understand that this arrangement approval is subject to review and if quality is not maintained, or resources cannot be identified subsequently, certificates may not be issued and/or approval may be withdrawn for the arrangement.

- a) Additionally for the purpose of this arrangement:
- b) My centre will act as the Lead Centre and will liaise with Pearson on behalf of its members.
- c) The heads of centre of all members of the arrangement named in section 2, agree to abide by the arrangement and Pearson's centre approval terms and conditions. The arrangement members will co- operate fully with Pearson.
- d) To the best of my knowledge, the details given on these forms are correct and meet Pearson's requirements.
- e) No material in this application has been plagiarised. I confirm that any material in this application that is the intellectual property of another person or organisation is used with the express permission of that person or organisation.
- f) The arrangement members will ensure the operation of any required external assessment in full accordance with Pearson and regulatory procedures.
- g) I confirm that the Lead Centre will regularly monitor, review and evaluate collaborative operations.
- h) I confirm that the collaborative arrangement members will make available to Pearson any materials or documents associated with this arrangement and allow Pearson officials access to such materials, premises and learners.
- i) I agree to notify Pearson immediately of any changes to the arrangement.

Name of Lead Centre:	
Signature of Head of Lead Centre:	
Print name:	
Date:	

Please submit this form by e-mail to examsofficers@pearson.com

For Pearson use only

This application has been reviewed by Pearson and approval recommended by Centre Management.

Name of Centre Quality Manager:	
Signature of Centre Quality Manager:	
Print name:	
Date:	