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| **Approved Training Provider**  **Application Form for Additional Qualifications** |  |

Please complete sections 1-3 in full. Further assistance and information about the application process is

available from Rose Holden (rose.holden@bohs.org) or Tel: +44(0)1332 250710.

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| 1. **Company Details** | |
| Company name | Click here to enter text. |
| Company registration number  *(if applicable)* | Click here to enter text. |
| Company address | Click here to enter text. |
| Company phone number | Click here to enter text. |
| Website address | Click here to enter text. |
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| 1. **Key Contacts** | |
| 1. **Manager** | |
| Title (Mr, Ms, Dr etc) | Click here to enter text. |
| First name | Click here to enter text. |
| Surname | Click here to enter text. |
| Job title | Click here to enter text. |
| Email address | Click here to enter text. |
| Phone number | Click here to enter text. |
| 1. **Finance Contact** | |
| Title (Mr, Ms, Dr etc) | Click here to enter text. |
| First name | Click here to enter text. |
| Surname | Click here to enter text. |
| Job title | Click here to enter text. |
| Email address | Click here to enter text. |
| Phone number | Click here to enter text. |
| 1. **Examination Bookings Contact** | |
| Title (Mr, Ms, Dr etc) | Click here to enter text. |
| First name | Click here to enter text. |
| Surname | Click here to enter text. |
| Job title | Click here to enter text. |
| Email address | Click here to enter text. |
| Phone number | Click here to enter text. |

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| 1. **Examinations Officer** *(for Foundation courses and CCHRC only)* | |
| Title (Mr, Ms, Dr etc) | Click here to enter text. |
| First name | Click here to enter text. |
| Surname | Click here to enter text. |
| Job title | Click here to enter text. |
| Email address | Click here to enter text. |
| Phone number | Click here to enter text. |

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| 1. **Company Profile – Existing ATPs should enter any changes which have occurred since the initial registration as an ATP, or any new information which is relevant to this new application.**   **Otherwise please indicate n/c to indicate ‘no change’** | | |
| 1. **Company information**   *Please provide a description or diagram of the staffing structure of your company which will support the delivery of BOHS qualifications:* | | |
| Click here to enter text. | | |
| 1. **Experience of Delivering Qualifications**   *Please summarise your experience of delivering qualifications, assessments and examinations, including approvals by awarding or examining bodies:* | | |
| Click here to enter text. | | |
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| 1. **Qualifications and Tutors** | | |
| *Please enter the tutor name(s) against the* ***additional*** *qualifications you wish to offer and* ***attach*** *a CV for each tutor that includes their technical and teaching qualifications and experience.* | | |
| **Code** | **Title** | **Tutor Name(s)** |
| CCHR/C | Certificate in Controlling Health Risks in Construction | Click here to enter text. |
| P304 | (COSHH) Control of Substances Hazardous to Health | Click here to enter text. |
| P400 | Foundation Course in Asbestos Surveying and Analysis | Click here to enter text. |
| P401 | Identification of Asbestos in Bulk Samples (PLM) | Click here to enter text. |
| P402 | Surveying and Sampling Strategies for Asbestos in Buildings | Click here to enter text. |
| RP402 | Surveying and Sampling Strategies for Asbestos in Buildings - refresher | Click here to enter text. |
| IP402 | Surveying and Sampling Strategies for Asbestos in Buildings (International *(Non UK)* Version) | Click here to enter text. |
| P403 | Asbestos Fibre Counting (including Sampling Strategies) (PCM) | Click here to enter text. |
| IP403 | IP403 – Asbestos Fibre Counting (PCM)  (International *(Non UK)* Version) | Click here to enter text. |

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| **Code** | **Title** | **Tutor Name(s)** |
| P404 | Air Sampling of Asbestos and MMMF and Requirements for a Certificate of Reoccupation Following Clearance of Asbestos | Click here to enter text. |
| RP404 | Air Sampling of Asbestos and MMMF and Requirements for a Certificate of Reoccupation Following Clearance of Asbestos - refresher | Click here to enter text. |
| IP404 | Air Sampling of Asbestos and MMMF including Clearance  Testing following the Removal of Asbestos  (International *(Non UK)* Version) | Click here to enter text. |
| P405 | Management of Asbestos in Buildings | Click here to enter text. |
| RP405 | Management of Asbestos in Buildings - refresher | Click here to enter text. |
| IP405 | Management of Asbestos in Buildings -(International *(Non UK)* Version) | Click here to enter text. |
| P407 | Managing Asbestos in Premises, the Duty Holder Requirements | Click here to enter text. |
| P408 | Identification and Quantification of Asbestos in Soils using PLM and PCM | Click here to enter text. |
| P600 | Methods for Testing the Performance of Local  Exhaust Ventilation Systems | Click here to enter text. |
| P601 | Thorough Examination and Testing of Local Exhaust Ventilation Systems | Click here to enter text. |
| IP601 | Thorough Examination and Testing of Local Exhaust Ventilation Systems (International (Non UK) Version) | Click here to enter text. |
| P602 | Basic Design Principles of Local Exhaust Ventilation Systems | Click here to enter text. |
| P603 | Control of Hazardous Substances – Personal Protective Equipment | Click here to enter text. |
| P604 | Performance Evaluation and Management of Local Exhaust Ventilation Systems | Click here to enter text. |
| P801 | An Introduction to the Control of Dermal Exposure at Work | Click here to enter text. |
| P900 | Legionella – Maintenance and Testing of Control Measures for Domestic Hot Water Systems | Click here to enter text. |
| P901 | Legionella – Management and Control of Building Hot and Cold Water Services | Click here to enter text. |
| P903 | Legionella – Management and Control of Evaporative Cooling and Other High Risk Industrial Systems | Click here to enter text. |
| P904 | Management and Control in Leisure, Display, Therapy and other Non-Industrial Water Systems | Click here to enter text. |
| 1. **Delivery Profile** | | |
| 1. **First Delivery**   *Please say when you intend to deliver the qualifications for the first time:* | | |
| Click here to enter text. | | |
| 1. **Number of Candidates** | | |
| *Please say how many candidates you expect to recruit for each qualification in the first 12 months* | | |
| Click here to enter text. | | |

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| ***Please complete c) and d) only if you have applied to run IP Modules:*** |
| 1. **Countries**   *Please list the countries where you have firm plans to deliver the qualifications in the next 12 months:* |
| Click here to enter text. |
| 1. **Languages**   *Examination papers are normally supplied in English but can usually be translated into other languages if there is enough notice and sufficient demand. Please provide a list of other languages if you confidently expect to require translated versions of examination papers in the next 12 months.* |
| Click here to enter text. |

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| 1. **Sites for Teaching, Examinations and Assessments** | | | | | | | | | | | |
| *Training providers may use one or more sites to deliver the qualifications. Please click on the relevant boxes below to show where you intend to deliver the qualifications and indicate the percentage of courses you expect to run at each of the types of premises.* | | | | | | | | | | | |
| 1. **Type of Premises** | | | | | | | | **Yes** | **No** | **% of courses** | |
| We will use our own premises | | | | | | | |  |  | **E**nter Here | |
| We will use the premises of our clients | | | | | | | |  |  | **E**nter Here | |
| We will use hired premises, e.g. hotels | | | | | | | |  |  | **E**nter Here | |
| Other *(please describe)* | | | | | | | |  |  | **E**nter Here | |
| 1. **Quality of Premises**   Please click on the box to confirm that the premises will comply with BOHS requirements. | | | | | | | | | | |  |
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| 1. **Facilities and Equipment** | | | | | | | | | | | |
| 1. **Access to facilities and equipment** | | | | | | | | | | | |
| Please click on the box to confirm that you have read and understood the *‘Facilities and Equipment’* section of the relevant BOHS syllabuses/qualification specifications and confirm that you have ready access to the items required for the qualifications you are applying to offer. *(HB p11)* | | | | | | | | | | |  |
| 1. **Source of equipment**   *Please click on the boxes below to show where you intend to source your equipment:* | | | | | | | | | | | |
| Own equipment |  |  | Yes |  | No |  | Click here to enter text. | | | | |
| Loaned or hired equipment | | | Yes |  | No |  | Click here to enter text. | | | | |

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| 1. **Health and Safety** | |
| Please click on the box to confirm that you comply with legal requirements for health and safety and will operate appropriate procedures. |  |

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| 1. **Course Materials** | |
| Please provide information about your course materials, e.g. your teaching plan, PowerPoint presentations, practice exam questions. ***(N/A for CCHR/C)*** | |
| Course materials are complete |  |
| Course materials are in development |  |
| Please confirm the source of the materials, e.g. the materials are written and owned by you. | |
| Click here to enter text. | |

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| 1. **Quality Assurance** | | | |
| 1. **Internal quality assurance** | | |  |
| Please describe the internal quality assurance procedures that you will operate to ensure the qualifications are delivered to the required standard, e.g. internal audit, student feedback. | | | |
| Click here to enter text. | | | |
| 1. **External quality assurance** | | | |
| Please give the details of any external quality marks you hold. | | | |
| **Name of Quality Mark** | **Accreditation Body** | **Certificate Validity Date** | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |

Declaration and Signature page follows on next page:

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| 1. **Declaration** | | | |
| I declare that I am authorised by the above mentioned company to supply the information given in this application, and that the information is to the best of my knowledge complete and accurate.  I confirm that the company will comply with the Agreement with Approved Training Provider.  I agree that examinations and assessments may be cancelled or declared void, and the company’s approval can be suspended or withdrawn by BOHS, if the company fails to comply with the Agreement with Approved Training Provider.  I understand that if accepted this application forms part of the contract between BOHS and the company and I agree that the company’s approval can be withdrawn by BOHS if any information provided in this application is materially incorrect.  For delivering P401, P403 and P408 courses, I understand that I have responsibility for the care of samples and slides, whilst in my possession, and agree to replace them in the event of accidental damage.  **Data Protection Notice**  I confirm to BOHS that I have consent from the tutors named to supply BOHS with copies of their CVs and to make further enquiries about such tutors as BOHS deems appropriate. | | | |
| Title (Mr, Ms, Dr etc) | Click here to enter text. |  | |
| First name | Click here to enter text. |  | |
| Surname | Click here to enter text. |
| Job title | Click here to enter text. |
| Signature | Option 1: Insert electronic signature – click and browse to insert signature:    Option 2: Sign by hand below and scan the document. | Date | Enter here |

**Applications must be signed and sent to: Rose Holden**

By Email: rose.holden@bohs.org

By Post:BOHS, 5/6 Melbourne Business Court, Millennium Way, Pride Park, Derby, DE24 8LZ

**Please remember to attach tutor CVs as specified in Section 4.**

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| **BOHS Office Use Only** | | | | | |
| Application Status | | | | | |
| * Approved Registration Complete | | | | | |
| Name | Click here to enter text. | Signature | Click here to enter text. | Date | Enter here |

**ADD ON APPLICATION CHECKLIST**

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| STEP | DATE | COMMENTS | COMPLETED |
| **Tutor Approval** |  |  |  |
| **CV’s filed** |  |  |  |
| **Tutor master file updated** |  |  |  |
| **Training Materials received** |  |  |  |
| **Invoice sent** |  |  |  |
| **Training materials approved** |  |  |  |
| **Variation to agreement** |  |  |  |
| **Agreement received/filed** |  |  |  |
| **Calibrand activated** |  |  |  |
| **E mail list updated** |  |  |  |
| **Confirmation of approval sent/Welcome pack** |  |  |  |
| **Documentation filed – paper** |  |  |  |
| **Electronic folder completed** |  |  |  |
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**WELCOME PACK**

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| --- | --- | --- | --- |
| STEP | DATE | COMMENTS | COMPLETED |
| **Tutor notes** |  |  |  |
| **Materials** |  |  |  |
| **Link to specification** |  |  |  |
| **Marketing** |  |  |  |
|  |  |  |  |