

How many training are you predicting that you will register in your first three years?

	0 – 10	11 – 20	21 – 50	51 – 100	101 – 200	200 +
Year 1						
Year 2						
Year 3						

2. Centre details

2.1. Type of establishment

Please indicate (✓) the description that best describes your centre.

- School
- FE College/Tertiary College
- Sixth Form College
- Adult Education Centre
- University or HE Centre
- Private Training Provider
- Local Government/Central Government/NHS
- Voluntary Organisation

<input type="checkbox"/>	Employer	
<input type="checkbox"/>	HMP/YOI	
<input type="checkbox"/>	Armed Forces	
<input type="checkbox"/>	International Centre	
<input type="checkbox"/>	Other – please state:	<input type="text"/>

2.2. Registration with other organisations

If applicable and available, please provide the following information, where registered as a training provider:

UK provider reference number (UKPRN) ¹	<input type="text"/>	
EU provider reference number country of registration	<input type="text"/>	<input type="text"/>
National Centre Number (NCN) ²	<input type="text"/>	

Please provide the following information if registered for VAT:

VAT number³

1 A UK provider reference number (UKPRN) (e.g. 10022592) can be obtained or checked on www.ukrlp.co.uk

2 A national centre number is a 4 or 5 digit number issued to centres when approved by a JCQ awarding organisation.

3 A VAT number can be verified online at the EU's official VIES website: http://ec.europa.eu/taxation_customs/vies/vieshome.do

2.3. Business information

Please indicate (✓) the business type of the centre and provide the required information for that type. This will indicate who will be accountable and own the centre account, including responsibility for any learners registered and the training that they receive.

Publicly Funded School/College

Limited Company

Company Registration Number:

Registered Company Name:

Sole Trader/Partnership

2.4. Centre information

2.4.1. Centre name

Please provide the name that the centre will be known by. This could be the business name, the limited company name or a trading name. The centre name will be printed on any certificates issued.

Centre name

2.4.2. Main training

Please provide details of your training.

Kind of training

2.4.3. Contact details

Main telephone

General enquiry email

Website address

2.4.4. Appearance on the WTEO website

Once approved, your centre will be advertised on the WTEO website with some or all of above details.

Please indicate (✓) if you do **not** wish for your centre to appear on our website(s).

Reason:

2.4.5. Details of additional training sites

Approval of your centre will include your main training and assessment site. To be able to assess learners at more locations (different to the address given in 3.4) you will need to complete a site approval application per additional site.

2.5. Invoicing and Finance Arrangements

2.5.1. Invoicing Name

Please provide the following invoicing details:

Invoicing name (i.e. Company/Business Name)

2.5.2. Invoicing/Billing address

Address Line 1

Address Line 2

Town/City

Postcode/Eircode

Country

Email address for invoices to be sent

2.5.3. Invoicing Currency

Please indicate (✓) which one currency you would like to be invoiced in:

<input type="checkbox"/>
<input type="checkbox"/>

GBP (Sterling)

EUR (Euro)⁴

2.6. Certification address

Please provide an address for certificates to be sent to (this could be a same as the training address or could be a head office address):

Please note all certificates sent within the UK are dispatched using the Royal Mail "Signed For" service which requires a signatory on delivery, therefore please supply an address that is staffed during standard office hours.

Addressee (e.g. Exams Department):

Address for certificates to be sent to:

⁴ All prices are set in Sterling and converted on 3 month fixed exchange rate (as per our accounts system) and all bank charges have to be paid by the centre, so that any payment received covers the invoice(s) in full.

Address Line 1:

Address Line 2:

Town/City:

Postcode/Eircode:

Country:

2.7.

3.

3.1. Details of previous / current approval

Is the centre currently approved by another awarding organisation?

Yes/No

If yes, please provide details for the approval that you hold:

Awarding Organisation	Approved for (qualifications/areas)	Approved since

If you are already approved by another organisation for equivalent qualifications to those you are applying for, please supply evidence of approval.

Please note, supporting evidence could include:

List of supporting evidence:

4. Declaration

I declare that I am authorised by the centre to supply the information given in this application and, at the date of sending, the information provided is a true and accurate record to the best of my knowledge.

I confirm that the centre will meet the requirements of WTEO **Approval Criteria**.

I confirm that the centre has read and accepted the terms of WTEO **Centre Agreement**.

I confirm that for all qualifications requested there are sufficiently competent and qualified staff as required to deliver the requested qualifications.

Name:

Job title:

Email:

Telephone:

Date completed:

5. Submission

To submit your application, please email the following documents to :
info@worldtrainereliteorganisation.com

This completed application form.

- Any relevant evidence that you have listed in section 3.2.

Document Review

Role	Review Status
Head of Quality	
Chief Academic Officer	