

Qualification Accreditation Form

**General Instructions**

* **ICP on the matter of accreditation reserve the right to ask for any additional information necessary for accreditation process.**
* **Where possible, the documentation can be attached with references to ICP.**
* **If there are any difficulties regarding the completion of this form, please contact the ICP accreditation department at info@icpedu.org**
* **Please try and complete all pages of this form for accreditation and send it to the following email address :**

info@icpedu.org

* **ICP will not in any form consider any application until payment has been cleared. In the case of refusal, payment will be returned in full without deduction of any amount.**

# Section 1: Organisation Details

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| **Organisation Name:** |  | | | |
| **Organisation Address:** |  | | | |
| **Country and Postal Code** |  | | | |
| **Organisation Coordinator**  ***(please include salutation; eg Mr, Ms etc)*** |  | | | |
| **Examination Officer**  ***(please include salutation; eg Mr, Ms etc)*** |  | | | |
| **Quality Assurance Officer(s)**  ***(please include salutation; eg Mr, Ms etc)*** |  | | | |
| **Principal or Head Name**  ***(please include salutation; eg Mr, Ms etc)*** |  | | | |
| **Telephone Number** | **Email Address** | | **Web Address** | |
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| **Mobile Number** | **Fax Number** | | **Company Registration Number** | |
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| **Organisation Type:**  ***(please place x beside the most appropriate option)*** | Large Private Company |  | Voluntary organisation |  |
| SME (Small/Medium Org.) |  | Armed force |  |
| Adult Higher Education |  | Not for Profit Organisation |  |
| University or HE centre |  | Private training provider |  |
| Employer |  | Other (please below) |  |
| Awarding Organisation |  |  |  |
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# ****Section 2: Qualification Accreditation****

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| Title of Programme |  |
| Aims |  |
| Qualification Objectives |  |
| Industry / Sector  1. Business Administration 2. Customer Services 3. Contact Centre 4. Manufacturing 5. Health and Social Care 6. Languages 7. Management and Leadership 8. Sales 9. Marketing 10. Human Resource 11. Others (Please specify) |  |
| Level of the Qualification e.g. if you do not know the level please explain who the intended learners are and what sort of skills you expect them to have on entry to the programme. |  |
| Qualification Specification |  |
| Purpose of Qualification |  |
| What is the demand of this qualification? |  |
| Number of learners per year |  |

**Section 3: Rationale of the programme**

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**Section 4: Target Group of Learners**

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**Section 5: Entry Requirement**

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**Section 6: Progression Opportunities**

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**Section 7: Resources for Learners**

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**Section 8: Internal Verification / Moderation Procedure**

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**Section 9: Assessment Procedure**

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**Section 10: Financial Resources**

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**CHECKLIST – when returning your Qualification Accreditation Form, ICP requires:**

* **Qualification Handbook**
* **Accreditation Fees**
* **Supporting Documents**

Return application to Email address below:

info@icpedu.org

We look forward to receive your application as soon as possible.