#

# OCR Centre Approval Form for General Qualifications

This form must be completed accurately and in line with the **JCQ General Regulations** and the **JCQ Instructions for conducting examinations**. Failure to do so may result in your application being delayed or rejected.

This form **must** be signed by the Head of Centre. The Head of Centre will be accountable for the overall quality assurance, management and administration of JCQ awarding body qualifications.

Please return to OCR Centre Data & Meetings, Centre Registration, The Triangle Building, Shaftesbury Road, Cambridge, CB2 8EA or scan and return to Centre.Approval@ocr.org.uk

Once your application has been approved, you will enter a probationary period.

## INTRODUCTION

Are you applying at least 5 months before the entry deadline?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

Is your centre open and available for inspection in the next 2 to 4 weeks?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  | [ ]  | No | [ ]  |

Please indicate if your centre is currently approved to deliver general qualifications with any JCQ awarding bodies (if you are currently approved for non-general qualifications only, please leave this section blank).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AQA | [ ]  | OCR | [ ]  | Pearson | [ ]  | CCEA | [ ]  | WJEC | [ ]  |

|  |  |
| --- | --- |
| Number of years established as a centre |  |

Has your centre previously been inspected by JCQ?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |
| If yes, please give the date of the last inspection: |  |  |

## CENTRE DETAILS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| National centre number (if known)  |  |  |  |  |  |  |
| Full centre name |  |
| Centre name for certificates (if different to above) |  |
| Address(This must be a designated business address with an office and reception which will be permanently staffed between 8.30am and 3.30pm during term time.) |  |
|  |
|  |
| Postcode |  |
| Telephone  |  |
| Fax |  |
| Website address |  |
| DfE number: |  |
| UKPRN: |  |
| Company registration number and name: |  |
| Charity commission registration number and registered name |  |

## TYPE OF CENTRE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 Secondary Comprehensive or Middle School  | [ ]  |  | 6 Sixth Form College | [ ]  |  |
| 2 Secondary Selective (e.g. Grammar or Technical) | [ ]  |  | 7 Tertiary College | [ ]  |  |
| 3 Secondary Modern/High School | [ ]  |  | 9 Academy | [ ]  |  |
| 4 Independent (including CTCs) | [ ]  |  | 0 Free Schools | [ ]  |  |
| 5 Further Education Establishment | [ ]  |  |  |  |  |
| 8 Other (e.g. College of Higher Education, University Department, Tutorial College, Language School, PRU, HMYOI, HM Prison, Training Centre. | [ ]  |  |

## FUNDING

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 Maintained | [ ]  |  | 6 CTC Trust | [ ]  |  |
| 2 Independent | [ ]  |  | 7 Foundation State | [ ]  |  |
| 3 Aided/Special Agreement | [ ]  |  | 8 Higher Education | [ ]  |  |
| 4 Controlled | [ ]  |  | 9 Skills Funding Agency/Young Peoples Learning Agency  | [ ]  |  |
| 5 HM Government | [ ]  |  |
| 0 Other (please specify) | [ ]  |  | ……………………………………………………………….. |

## GOVERNANCE

Describe the external governance arrangements for your centre. For example, inspections by Ofsted/Estyn/ETI or the Independent Schools Inspectorate, or oversight by a Local Authority or the Charity Commission.

|  |
| --- |
|  |

Describe the internal governance arrangements for examinations within your centre. For example, how is oversight of the examinations process carried out by the Head of Centre or senior leadership team?

|  |
| --- |
|  |

Describe the senior leadership team structure in your centre.

|  |
| --- |
|  |

## CENTRE CONTACTS

|  |  |  |
| --- | --- | --- |
| Head of Centre  | Name  |  |
| Email |  |
| Senior Leader with responsibility for examinations (if delegated) | Name  |  |
| Email |  |
| Examinations Officer (must be different to Head of Centre) | Name  |  |
| Email |  |
| Special Educational Needs Coordinator (SENCo) | Name  |  |
| Email |  |
| Emergency contact | Job title |  |
| Name |  |
| Email |  |
| Secure storage room/facility key holders (you must have between 2 and 4 key holders restricted to members of staff involved with exams) | Name |  |
| Name |  |
| Name |  |
| Name  |  |
| Email to be used for all main centre contact\* |  |

*\* Please provide an official centre email address including a domain name which is specific to your centre e.g.* ***exams@centrename.co.uk****. Where possible this should be a generic email address e.g. exams@ rather than for a named person. Web-based addresses such as Gmail, Hotmail, Yahoo etc. are* ***not*** *acceptable.*

## STUDENTS

|  |  |  |  |
| --- | --- | --- | --- |
| Age (minimum) |  | Age (maximum)If over 18 enter Adult |  |
| Total number of students on roll |  |  |
| Estimated number of candidates sitting examinations each year (total entry with all awarding bodies) |  |  |

## QUALIFICATION DETAILS

Please indicate below which qualification type(s) and subject(s) you are seeking approval for.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year and month of first examination | Awarding body | Qualification(e.g. A Level or GCSE) | Subject | Specification code | Estimated number of candidates in first year |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*Please note that if you do not make regular entries your approval will lapse and you will need to re-register.*

## CENTRE FACILITIES

Will all examinations and assessments take place at the registered centre address (as provided in section 2)?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

If no, please provide details (address, relationship to location, etc):

|  |
| --- |
|  |

Please give details of the room(s) to be used for conducting examinations.

|  |
| --- |
|  |

Do the examination rooms have adequate lighting?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

Do the examination rooms have adequate ventilation/heating?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

Are the examination rooms in a suitable location, with limited noise coming from outside?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

Does the centre have suitable facilities to enable candidates to complete practical assessments on site?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  | N/A | [ ]  |

If the answer was no to any of the above questions, please provide details:

|  |
| --- |
|  |

Does the centre have a good broadband service?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

Does the centre have suitable facilities to store candidates' completed assessments securely?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

## FACILITIES FOR THE RECEIPT AND STORAGE OF CONFIDENTIAL MATERIALS

Please give full details of the security arrangements – refer to the JCQ Instructions for conducting examinations.
Please provide additional information if necessary.

|  |
| --- |
| **Receipt of confidential material** |
| Please tick to confirm that a log of confidential materials is kept at the initial point of delivery  | [ ]  |
| Please tick to confirm that confidential materials are placed in your secure storage unit upon receipt |[ ]
| **Secure storage room** | **Yes** | **No** | **Comments/additional information** |
| Are the secure storage arrangements at the centre already constructed? |[ ] [ ]   |
| Is the secure storage room in a fixed building? |[ ] [ ]   |
| Does the secure storage room have external windows that are easily accessible? |[ ] [ ]   |
| If yes, have bars been fitted or is the room alarmed? |[ ]  [ ]  |  |
| Does the secure storage room have internal windows (e.g. for health and safety reasons)? |[ ] [ ]   |
| If yes, is the glass toughened safety glass? |[ ]  [ ]  |  |
| Are the walls and ceiling of the secure storage room either solid or metal reinforced? |[ ] [ ]   |
| Is the secure storage room solely assigned to exams? |[ ] [ ]   |
| Is the door to the location of the secure storage unit of solid construction with heavy duty hinges? |[ ] [ ]   |
| Does the door have a security lock (5 lever mortice, coded keypad lock or electronic security lock)?  |[ ] [ ]   |
| Are there between 2 and 4 key holders for the secure storage room? (restricted to members of staff directly involved in exam administration) |[ ] [ ]   |
| Do students have access to this room? |[ ] [ ]   |

|  |  |  |  |
| --- | --- | --- | --- |
| **Secure storage facility** | **Yes** | **No** | **Comments/additional information** |
| Please indicate which of the following will be used to store confidential materials: |  |
| * Strong, non-portable safe
 |[ ]   |  |
| * Non-portable security cabinet with multi-point locking system
 |[ ]   |  |
| * Metal wardrobe style cabinet with full width external locking bar, bolted to the wall or floor, or metal filing cabinet with full length external locking bar bolted to the wall or floor
 |[ ]   |  |
| * Metal security screen e.g. roll down shutter, directly in front of open shelving
 |[ ]   |  |
| Is the secure storage facility solely assigned to exams? |[ ] [ ]   |
| Are there between 2 and 4 key holders for the secure storage facility? (restricted to members of staff directly involved in exam administration) |[ ] [ ]   |

## CENTRE STAFF AND QUALIFICATION DELIVERY

Please tick to confirm the statements below. We may request evidence of these as part of the centre approval process.

|  |
| --- |
| Our centre retains a workforce of appropriate size and competence to deliver the qualifications we are applying for |[ ]
| Our centre has sufficient managerial and other resources to enable it to deliver JCQ general qualifications effectively and efficiently |[ ]
| Our centre has a recruitment and selection policy in place | [ ]  |
| Our centre has documents and systems in place to make sure all staff are appropriately trained and supported to fulfil their responsibilities |[ ]
| Our centre has an organisational structure and chart |[ ]
| All JCQ general qualifications will be delivered in accordance with Equalities Law |[ ]

Please provide details of any relevant prior experience or qualifications held by the Exams Officer:

|  |
| --- |
|  |

Please provide details of any relevant prior experience or qualifications held by the Head of Centre or designated Senior Leader:

|  |
| --- |
|  |

Has your centre, or any person listed in this application form, ever had centre or qualification approval declined or withdrawn?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

Does your centre, or any person listed in this application form, have any other sanctions e.g. suspension of registration or certification in place?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

If you have answered yes to either of the two questions above, please provide a summary below including by whom, the qualification (where relevant), the reason, the action taken, the outcome and the current position.

**Please note: Failure to provide full details will result in immediate withdrawal of centre approval**

|  |
| --- |
|  |

## CENTRE POLICIES, PROCEDURES, DOCUMENTS AND RESOURCES

Please indicate whether your centre has the specified policies and procedures in place and that they are up to date and appropriately communicated across your centre. Evidence may be requested as part of the centre approval and monitoring processes, including checks as part of a JCQ Inspection.

|  | **Yes** | **No** | **If no, please specify what actions you have planned and when you anticipate being able to meet the requirements.**  |
| --- | --- | --- | --- |
| Data protection policy |[ ] [ ]   |
| Child protection/safeguarding policy, including Disclosure and Barring Service (DBS) clearance |[ ] [ ]   |
| Conflict of interest policy |[ ] [ ]   |
| Health and safety policy |[ ] [ ]   |
| Equalities policy |[ ] [ ]   |
| Examination contingency plan/examination policy |[ ] [ ]   |
| Non-examination assessment (or controlled assessment) policy |[ ] [ ]   |
| Public liability notice |[ ] [ ]   |
| Access arrangements procedures (including a process to check the qualification(s) of your assessor(s) and correct procedures are being followed) |[ ] [ ]   |
| System to enrol and support learners to complete their qualification |[ ] [ ]   |
| Complaints and internal appeals procedure relating to internal decisions  |[ ] [ ]   |
| Procedures to support the investigation of malpractice and maladministration |[ ] [ ]   |
| Procedures to verify the identity of all candidates at the time of the examination or assessment |[ ] [ ]   |
| Procedures for candidates’ requests for access to scripts, clerical re-checks, reviews of results and appeals. |[ ] [ ]   |

##  REFERENCE REQUESTS AND CREDIT CHECKS

We reserve the right to conduct due diligence checks on the applicant organisation and all individuals named in this application. This may include, for example, checks on Companies House registration, school inspection reports, and financial credit checks.

## CENTRE DECLARATION – TO BE SIGNED BY HEAD OF CENTRE

I confirm I have read and fully agree to administer examinations and assessments in accordance with all JCQ documentation (available on the JCQ website [www.jcq.org.uk](http://www.jcq.org.uk)), including:

|  |  |
| --- | --- |
| * *JCQ General Regulations for Approved Centres*
* *JCQ Instructions for Conducting Examinations*
* *JCQ Instructions for Conducting NEAs (Non-Examination Assessments)*
* *JCQ Access Arrangements and Reasonable Adjustments*
 | * *JCQ Suspected Malpractice in Examinations and Assessments*
* *JCQ Post-Results Services*
* *JCQ A guide to the Special Consideration Process*
* *JCQ Appeals Process*
 |

I confirm the centre will take all reasonable steps to ensure that the JCQ awarding bodies are able to comply with all regulatory Conditions as required by the Regulators for England, Wales and Northern Ireland, and that the centre will take all reasonable steps to comply with any requests for information or documents made by the JCQ awarding bodies or their Regulators as soon as practicable.

I confirm that the centre will assist the JCQ awarding bodies in carrying out any reasonable monitoring activities, and will assist the JCQ awarding bodies’ regulators in any investigation made for the purposes of performing their functions.

I understand and accept that the JCQ awarding bodies retain to themselves the interpretation of the conditions of the centre's registration as an examination centre in any dispute and reserve the right to withdraw approval in the event of failure to comply with these conditions. If the centre's approval is withdrawn, I confirm that we will take all reasonable steps to protect the interests of students.

I accept that I will need to comply with the JCQ awarding bodies’ terms and conditions.

**I declare that I am authorised by the above centre to supply the information given above and, at the date of signing, the information provided is a true and accurate record to the best of my knowledge. *The Head of Centre will be expected to sign a centre declaration each year. Failure to complete this may result in approval being withdrawn.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Head of Centre signature** (*Must be an actual signature, not a typed name*. A digital signature will be accepted) |  | **Date** |  |
| **Head of Centre name** |  |

**FOR AWARDING BODY USE ONLY**

|  |  |
| --- | --- |
| Approved/refused |  |
| Reason |  |
| Date |  |