# Description: Open Awards LogoNew Programme Request

**Form – Badge of Excellence**

**(NPRF-BoE)**

**Please use this form to submit a request to offer a Badge of Excellence programme.**

Completed forms should be submitted via the secure portal.

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| 1 | CENTRE AND CONTACT DETAILS |

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| Organisation Name: |  |
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| Programme Contact Name: |  |
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| Position: |  |

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| Telephone No.: |  |

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| Email Address: |  |

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| 2 | GUIDANCE |

The Open Awards Badge of Excellence is a quality mark that recognises excellent quality learning and training provision with meaningful outcomes. Delegates will be issued with a Certificate of Achievement on completion of the training. Completing training recognised by the Open Awards Badge of Excellence does not lead to a regulated qualification or quality endorsed units.

The 2-year approval fee is chargeable on application and non-refundable so please ensure that your training course[s] meets the criteria below and you are able to provide suitable evidence of this.

* Be planned and reviewed effectively
* Achieve meaningful outcomes for delegates and support progression
* Have and consistently apply suitable policies and procedures for registration, complaints, quality assurance, equal opportunities and health and safety
* Be delivered effectively by staff with appropriate qualifications, experience and expertise to meet the needs of the target delegates

If you are unsure about whether your programmes meet these requirements, please contact a member of the Open Awards team on 0151 494 2072 for an informal chat first.

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| 3 | REQUIRED DOCUMENTS |

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| Please confirm that you have submitted all requested policies as part of the Centre Recognition Process. |  |

**In addition, please confirm that you have provided copies of (or links to; below\*) the following evidence:**

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| Course content, scheme of work and example learning outcomes |  |
| Quality Assurance Documentation |  |
| Delegate Feedback or plans for collecting this |  |
| Evidence of meaningful progression/outcomes or case studies |  |
| Any other evidence that illustrates the quality of the programme |  |

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| **\*Links, if applicable** |
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| 4 | PROGRAMME INFORMATION |

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| Programme Name: |  |
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| Duration and delivery times:  *e.g. 1 day per week over 6 weeks, 3 hours per session = total of 18 hours.* |  |
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| Where is the course delivered?  e.g. Classroom based, in the community, employer based, distance learning. |  |
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| Summary of the Training Course:  *Please provide a general description of the training course,to include details around the content, mode(s) of delivery, activities.* |  |
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| Training Course Aims and/or Objectives: |  |

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| Target Delegates:  *e.g. young people, adults, children, disadvantaged background, jobseeker.* |  |
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| Describe how delegates needs are accommodated in line with Equality and Diversity policies and to take into account different learning styles and mixed abilities: |  |

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| Provide details of key staff involved in the delivery, their qualifications relevant experience: |  |
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| Describe any relevant initial assessments for the delegates: |  |
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| Describe how assessment of learning is assured: |  |

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| Describe any appropriate quality assurance and evaluation activities: |  |
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| Describe any additional support you provide for delegates: |  |

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| Describe what the anticipated progression is for the delegates, giving examples of this in practice: |  |
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| Please attach any additional documentation that supports your answers to these questions: |  |

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| 5 | AGREEMENT |

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| The Organisation will agree to the conditions as stated below:   1. Have resources, systems and staffing that will be appropriate to support the training courses provided and ensure that staff have access to appropriate training, guidance and support 2. Implement a quality management system that is systematically reviewed to ensure that delegate and staff needs are met, that all appropriate persons are kept up to date with quality policy, procedures and standards, and that responsibilities for the management of these systems are clearly and appropriately allocated 3. Have administrative systems that will enable Open Awards requirements to be met promptly, accurately and securely 4. Document the respective roles, responsibilities and accountabilities of each partner/sub-contracted service, with clear lines of communication between the partners, where an organisation is part of a partnership agreement between organisations 5. Keep complete and accurate records, for at least one year from the end of year to which they relate, for all training courses and make these available to Open Awards on request 6. Agree to abide by all reasonable stipulations by Open Awards concerning the use of their logos 7. Agree to display the Open Awards Badge of Excellence logo in relevant marketing materials 8. Agree to provide Open Awards, on reasonable notice, access to records, people and premises 9. Have effective communications systems in place internally, with Open Awards and with delegates 10. Agree to the prompt payment of all invoices in line with Open Awards Badge of Excellence published charges 11. Accept that if the organisation defaults on the commitments made in this application it may lead to the removal of its Badge of Excellence approval 12. Adhere to appropriate legislation in the delivery of training e.g. Equalities Law and Data Protection. |

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| 6 | PROGRAMME REVIEW FEE |

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| **A non-refundable Programme Approval Fee applies (please see our website for up to date pricing information** [**click here**](http://openawards.org.uk/centres/pricing-information/)**). Please indicate how this payment will be made:** | |
| **Online bank transfer to Open Awards** – Sort Code 01 01 97  Account No. 21078025  (Please email [finance@openawards.org.uk](mailto:finance@openawards.org.uk)  to confirm payment has been made)  **OR** |  |
| **Payment by debit card**  or **credit card**  Please email [finance@openawards.org.uk](mailto:finance@openawards.org.uk) and a payment link will be sent by return or call 0151 494 2072 and ask for Finance. (A 2% fee applies to payments by credit card)  **OR** |  |
| **Cheque made payable to ‘Open Awards’** |  |
| **Please note payment must be received before formal recognition will be confirmed.** | |

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| 7 | DECLARATION AND NAME |

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| **The Authorised Signatory for the Centre will agree to the conditions as stated in the Centre Agreement and summarised in Section 5:** | | |
| I the undersigned state that the Centre understands the enforceable agreement between the Centre and Open Awards and that the terms specified in this agreement will be referred to if there is any dispute/disagreement relating to the role and responsibilities of the Centre. | |  |
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| Name: | (Authorised Signatory) | |
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| Position: |  | |
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| Date: | Click here to enter a date. | |

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| All information provided on this form will be held securely on our database and only used for the purposes provided. Click here for a copy of our [Privacy Notice](http://openawards.org.uk/privacy-policy/).  Open Awards tries to meet the highest standards when collecting and using personal information. Customers are encouraged to email [info@openawards.org.uk](mailto:info@openawards.org.uk) if you believe any data to be incorrect, unfair, misleading or inappropriate. |