

# Centre Approval Expression of Interest

1.1. Organisation name

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1.2. Head of centre - this is the individual that is accountable for the management of the delivery of the course.

Full name	
Job title	
Telephone number	
Email address	

1.3. Lead Internal Quality Assurer details:

Full name	
Job title	
Telephone number	
Email address	

1.4. Organisation registered address:

Address	
Telephone number	
Email address	
Website	

1.5. If delivery will be at sites other than the main address, please confirm these below

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1.6. Do you have a company or charity registration number?

YES      NO

If YES, provide number/s	
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1.7. Does your centre have a UK Provider Reference Number (UKPRN) or Unique Reference Number (URN)

YES      NO

If YES, provide number/s	
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1.8. Please tick the most appropriate box to indicate the type of organisation the centre is.

Further/Higher Education

School

National Governing Body

Training Provider

Charity

Other

If other please provide details here:	
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1.9. Have you previously been a recognised 1st4sport centre?

YES      NO

If YES, please provide details of when approval ceased and reason why.	
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1.10. Have you ever been refused centre approval or had centre approval withdrawn by any awarding organisation/body?

YES NO

If YES, please provide name of awarding organisation/body, dates and details of refusal/withdrawal.	
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1.11. Please provide details of the qualification/s you are planning to deliver

	Predicted annual learner numbers
Qualification title	
Qualification title	

Please submit to [centreservices@1st4sportqualifications.com](mailto:centreservices@1st4sportqualifications.com)

For internal use only

	Date	Position	Date recorded in files
Additional information requested. <b>Summary:</b> •			
Agreed to proceed to application stage. <b>Date to follow up application:</b>			
Agreed to proceed to verifying officer visit.			