

IFA Accredited Training Provider Application form

Institute of Financial Accountants CS111, Clerkenwell Workshops 27-31 Clerkenwell Close Farringdon London EC1R 0AT E: mail@ifa.org.uk www.ifa.org.uk

Application to become an IFA accredited training provider

Please complete and return this application form and fee to:

Institute of Financial Accountants CS111, Clerkenwell Workshops 27-31 Clerkenwell Close Farringdon London EC1R 0AT

T: +44(0)20 3567 5836 E: <u>education@ifa.org.uk</u> www.ifa.org.uk

Guidance notes - all information to be provided in English

- Please refer to the Accredited Training Provider Agreement and relevant Accredited Training Provider guide when completing this application form.
- Each question should be answered as fully as possible.
- If you have teaching centres in other locations or satellite arrangement(s) with any other organisation, you will need to submit a separate application for each centre.
- Training providers may be required to provide accommodation and invigilation arrangements for IFA learners to take the final assessment. Such arrangements may be provided at reasonable cost. Please refer to the relevant guide for further information on the arrangements required.
- Training providers are required to demonstrate their financial stability and should attach financial statements for the three preceding financial years (or from the date of commencement of business, if less than three years).
- Additional information and supporting documentation should be attached to this application form marked with the section reference.
- The information contained in this application will be used as the basis for a legally binding contract between the IFA and the training provider.

SECTION 1: TRAINING PROVIDER DETAILS

Organisation name

(Please attach a copy of any certificate of incorporation or other official document confirming status)

Address (If a PO Box is used for mail the physical address should also be s	tated)

Country

Telephone number (Include international code/area code)

Website address		
Contact for IFA accred	itation	
Name		
Position		
Telephone number		
Email		

Type of organisation (tick as appropriate)					
College of further education	Universi	ty/college of higher education			
Private training provider		Other (please specify below)			

Local national accreditation	n					YES	NO
Does your organisation have any accreditation from the statutory accreditation							
body in your country?	-						
Where you have ticked yes p	lease con	nplete:					
Name of awarding body							
Date approval granted (DD/M	M/YYYY)						
						YES	NO
Does your organisation have statutory awarding organisati		editations from	professi	ional or other non-			
Where you have ticked yes p		nplete					
Awarding organisation Qualifications Date awarded Sta			Status Active/Inactive				
Withdrawal/rofusal of contr	•	4 - 4	11 (1			VES	NO

Withdrawal/refusal of centre accreditation or qualification approval	YES	NO
Has your centre ever been refused accreditation by any awarding body or had accreditation withdrawn?		
Where you have ticked yes please provide details		

SECTION 2: PROGRAMME OF LEARNING PROVISION

2.1	Title of programme
2.2	Estimate of learners per year
2.3	How often do you intend to run the IFA programme?
2.4	What would be the typical start dates be, which months?

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SECTION 3: RESOURCES

3.1	Describe the accommodation facilities that are available for delivering the programme of learning.
3.2	Provide full details of the relevant learning resources that are available at the centre to learners, including where they are and in what format. This should include where any materials from the IFA's recommended reading list are available.
3.3	What access to the training provider and its resources do learners have for private study?
3.4	Explain how full-time, part-time or open learning learners can gain access to the training provider's learning resources and what arrangements exist for internet access. Do learners have to make any additional payments for internet time?
3.5	Describe how the training provider ensures the funding available is sufficient to support the IFA programme(s).

SECTION 4 – DETAILS OF TEACHING STAFF

Please include the following information with this application:

4.1	How many teaching staff will be available for each IFA programme and what is their availability (i.e. are they full-time or part-time and what other teaching commitments do they have)?
4.2	Include a CV for each of the teaching staff available for each IFA programme, which include their qualifications, membership of professional bodies, teaching experience, and their specialisms.

4.3	Provide details of plans (long and short term) for members of your teaching staff to receive
	relevant staff training and continuous professional development in the areas covered in the
	programme.

SECTION 5 – INTERNAL QUALITY ASSURANCE

5.1	Identify by name and job title the person(s) who will be accountable for the quality assurance and management of IFA programmes and final assessments.				
	Name Job title				
5.2	Does your organisation have a current dive		YES	NO	
	policy which it follows? Where 'yes' please	provide a copy.			
5.3	Does your organisation have a current cor	nolaints and	YES	NO	
	appeals process policy which it follows? W provide a copy.	/here 'yes' please			
5.4	What is your policy to plan, monitor and re against your stated aims?				
5.5	Describe the procedures you have in place maladministration to ensure there is no ma involved in the delivery and assessment of	alpractice on the pa			
5.5	How do you gather feedback from learners programmes are run and supported?	s and others to eval	uate how effect	ively the	

SECTION 6 – ADMINISTRATION

6.1	What administrative systems do you have in p their target award?	place to track the	e progress of learr	ners towards	
6.2	What resources and systems do you have to support the accumulation and transfer of credits (where appropriate) and, where necessary, the recording of exemptions?				
6.3	What arrangements do you have in place to assess Accreditation of Prior Learning (APL)?				
64	Describe the systems you have in place to ensure that all learner data is kept in a secure environment.				
6.5	Does your organisation have a current data p policy which it publishes and follows? Where provide a copy.		YES	NO	
6.6	Identify by name(s) and job title the individual and transmission of student data and award d		for the secure mar	nagement	
	Name	Job title			
6.7	If your organisation is in the UK and intends to promote the IFA programmes to international learners identify by name(s) and job title of the individual(s) responsible for ensuring that the training provider is complying with all relevant government requirements, including the current Register of Licensed Sponsors at UK Visas and Immigration.				
	Name	Job title			

SECTION 7 – FINAL ASSESSMENT ADMINISTRATION

7.1	Describe the facilities you have in place for learners to complete final assessments (including seating capacity, invigilation, rooms, halls) and whether you can provide special access facilities to those learners who may need them.				
7.2	Describe the training provider's administration systems for making sure that learners are registered on time to sit the final assessment.				
7.3	Identify by name(s) and job title(s) the individual(s) responsible for the security of question papers and completed learner scripts.				
	Name	Job title	Job title		
7.4	Precisely explain the training providers arrangements and procedures for the secure management of question papers before the final assessment and the completed learner scripts after the final assessment.				
7.5	Confirm that the training provider is willing and able to apply the IFA	uidance in	respect of		
1.5	access arrangements, reasonable adjustments and special considera		respect of		
7.6	Explain precisely the training provider's arrangements and procedures for the appointment of invigilators including confirmation of who is responsible for training and managing invigilators. Provide a copy of the written instructions given to invigilators.				
7.7	Confirm that the training provider will ensure that the final	YES	NO		
	assessment room set up and invigilation will follow guidance provided by the IFA.				
7.8	Confirm that the centre will make sure that learners have all relevant information about where and when they attend the final assessment and that the information is given in sufficient time to allow reasonable travel time.	YES	NO		
7.9	Confirm that all learners will be given written notice of the location of	YES	NO		
	the final assessment centre if required.				
7.10	Confirm that if the Accredited Training Provider guide allows for the	YES	NO		
	final assessment to be submitted online that the training provider will follow guidance provided by the IFA.				
7.11	Confirm that if the Accredited Training Provider guide allows for the	YES	NO		
	final assessment to be submitted online by the learner that the				
	training provider will ensure that learners have all the relevant				
	information relating to the arrangements for submitting their final assessment online.				

SECTION 8 – DECLARATION AND PAYMENT

To be signed by the Principal and Course Co-ordinator

We wish to apply for the above mentioned organisation to be accredited as an IFA Accredited Training Provider, and declare that:

- 1. The contents of this application form and all attached documentation are complete, true and correct and we understand that this information will be used to prepare a formal, legally binding contract between the centre and the IFA.
- 2. We will meet, and continue to meet, the Accredited Training Provider agreement, conditions in the relevant Accredited Training Provider guide, regulatory requirements and provide any further information as required.
- 3. We will notify the IFA immediately of any changes which may affect our accreditation. We understand that the IFA reserves the right to ask us to submit a new application for accreditation if the IFA considers that such changes materially impact the current agreement.
- 4. We will follow and adhere to the IFA requirements for final assessment management and invigilation.
- 5. We will meet, and continue to meet, any further guidance published by the IFA and/or regulations governing best practice and training.
- 6. We will provide the IFA access to our premises, people and records, and will cooperate with the IFA's monitoring activities, if required.
- 7. We enclose a payment for the accreditation fee as indicated in the fee schedule.
- 8. This application form forms part of the overall accreditation agreement with the IFA.

authorised to s	Principal must be a person sign on behalf of the governing ining provider)	Person with day-to-day management and administration oversight		
Name:		Name:		
Signature:		Signature:		
Position:		Position:		
Date: (DD/MM/YYYY)		Date: (DD/MM/YYYY)		

Data protection - our commitment to you

The protection of personal privacy is an important concern to the IFA and any personal data collected will be treated in accordance with current data protection legislation. The information collected by the IFA may be used for statistics and profiling, communications and research purposes, examination and training administration, billing and risk assessment purposes, and to enable us to keep you up to date with relevant product and service developments. This information may be shared with third parties in pursuit of the above. For the IFA's full data protection statement please go to www.ifa.org.uk/dataprotection.

Important information

The application fee must be paid in full before the centre's application can be processed. If an application is rejected for any reason, the fee will be refunded less a £200 administration charge. Please allow 28 days for an application to be processed.