



EXPRESSION OF INTEREST

1 ORGANISATION INFORMATION

Name and Address of Organisation:

Postcode: _____

Type of Organisation (Please tick relevant circle):

- Higher Education Institution (College or University)
- Further Education College / Institution*¹
- Secondary School
- Private Training / Work-Based Learning Provider
- Adult Community Provider (19+)
- Employer
- Professional / Governing Body
- Employer Partnership with FE College
- Other (please specify)

*¹ Including 6th Forms

Key Contact Name: _____

Position: _____

E-mail: _____

Telephone: _____

Address (If different from above):

Postcode: _____

2 QUALITY ASSURANCE PROCESS

Please indicate by ticking the relevant circle below which Quality Assurance Processes you have either applied for, been inspected for or have achieved:

Training Quality Standard (LSC)

Application Progress: _____

Achieved: _____

Grade or Rating Achieved: _____

Date Achieved: _____

Centre of Vocational Excellence (CoVE)

Achieved: _____

Grade or Rating Achieved: _____

Date Achieved: _____

Beacon (QIA)

Achieved: _____

Grade or Rating Achieved: _____

Date Achieved: _____

Ofsted (Include ALI grades)

Achieved: _____

Grade or Rating Achieved: _____

Date Achieved: _____

Matrix

Achieved: _____

Grade or Rating Achieved: _____

Date Achieved: _____

IIP

Achieved: _____

Grade or Rating Achieved: _____

Date Achieved: _____

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