



# ACCREDITATION OF TRAINING CENTRES

## APPLICATION FORM (QCF qualifications)

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### Application for Approval as an Accredited Training Centre

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Date Banked: .....  
Amount: .....

Centre Support Officer, **International Association of Book-keepers**, Suite 30, 40 Churchill Square, Kings Hill, West  
Malling, Kent, ME19 4YU

**Telephone** 0844 330 3527 **Fax** 0844 330 3514 (UK only) **e-mail:** [education@iab.org.uk](mailto:education@iab.org.uk)  
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Registered no.1119378 (England) Limited (By Guarantee)

**PART 1: APPLICATION FOR APPROVAL AS AN ACCREDITED TRAINING CENTRE  
SECTION 1**

1. This section covers basic factual information about your Training Centre for inclusion on the Association's database. Please attach a Prospectus.

NAME OF TRAINING CENTRE.....

ADDRESS .....

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TOWN..... COUNTY ..... POST CODE.....

COUNTRY.....

TEL No. .... FAX No. ....

e-mail ADDRESS..... Website .....

MAIN CONTACT NAME (Centre Updates and periodic newsletters will be addressed to this person)

.....

JOB TITLE .....

e-Mail ADDRESS..... Tel.No.....

**TYPE OF ORGANISATION** (Tick as appropriate)

- 01 = School (irrespective of the type of school),
- 02 = FE College/Tertiary College,
- 03 = Sixth Form College,
- 04 = Adult Education Centre,
- 05 = University or Other HE Centre,
- 06 = Private Training Provider,
- 07 = Local Government/Central Government/NHS,
- 08 = Voluntary Organisation,
- 09 = Employer,
- 10 = HM Prison/Youth Offenders Institution,
- 11 = Armed Forces,
- 12 = Overseas Centre (see above)
- 13 = Other.

If Type 13 (Other), please detail accreditations you hold from other awarding bodies

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2. Intended date(s) of start of course(s) [month and year] in line with IAB Examinations

Month..... Year.....

Month..... Year.....

Month..... Year.....

3. List the number of courses to be offered at each stage (as appropriate) giving expected student numbers, and name and contact e-mail address of tutor.

**BOOKKEEPING & COMPUTERISED BOOKKEEPING**

	No of Courses	Estimated number of students	Name of Tutor	Tutor's e-mail address
IAB Level 1 Award in Bookkeeping (QCF)				
IAB Level 1 Award in Manual Bookkeeping (QCF)				
IAB Level 1 Award in Computerised Bookkeeping (QCF)				
IAB Level 1 Award in Computerised Accounting for Business				
IAB Level 2 Certificate in Bookkeeping (QCF)				
IAB Level 2 Award in Manual Bookkeeping (QCF)				
IAB Level 2 Award in Computerised Bookkeeping (QCF)				
IAB Level 2 Certificate in Applied Bookkeeping (QCF)				
IAB Level 2 Certificate in Computerised Accounting for Business (QCF)				
IAB Level 3 Certificate in Bookkeeping (QCF)				
IAB Level 3 Certificate in Manual Bookkeeping (QCF)				
IAB Level 3 Award in Computerised Bookkeeping (QCF)				
IAB Level 3 Certificate in Applied Bookkeeping (QCF)				
IAB Level 3 Certificate in Computerised Accounting for Business (QCF)				

**PAYROLL & COMPUTERISED PAYROLL**

	No of Courses	Estimated number of students	Name of Tutor	Tutor's e-mail address
IAB Level 1 Award in Payroll (QCF)				
IAB Level 2 Certificate in Payroll (QCF)				
IAB Level 2 Award in Practical Payroll (QCF)				
IAB Level 2 Award in Computerised Payroll (QCF)				
IAB level 2 Award in Applied Payroll (QCF)				
IAB Level 3 Certificate in Payroll (QCF)				
IAB Level 3 Award in Computerised Payroll (QCF)				



**SECTION 2**

This section covers the Training Centre’s detailed proposal for becoming an Accredited Training Centre. Please answer each question as fully as possible and attach separately the additional information and documentation requested. Please write your answers legibly. Alternatively the questions and answers may be reproduced on a word processor provided they are reproduced in full and answered in the same sequence as below.

**1. Resources**

1.1 Please indicate the sources of funding you intend to apply to deliver the IAB courses:

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1.2 Please indicate the room facilities available for IAB students and give details of the number and type of rooms (e.g. classroom, computer room, model office, lecture theatre etc.)

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1.3 Please indicate the computer facilities available for IAB students including the number of terminals per IAB student and the type of hardware and software used.

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Please provide details of student access to a library and/ or resource centre.

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1.4 Please indicate other support and/ or learning material and equipment available for students e.g. text books, audio tapes, videos, manuals, worksheets, specimen cheques/ petty cash vouchers/ invoices, photocopiers, faxes etc.

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1.6 Please provide any other information on resources not already covered.

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#### 4. Examination Administration

4.1 Please indicate the facilities available to students to complete examinations.

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4.2 Please provide details of the arrangements for the security of the examination papers.

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4.3 Please provide details of the arrangements made for the invigilation of the exam.

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4.4 Please tick the examinations/ assessments that you will offer at your centre:

IAB Level 1 Award in Bookkeeping (QCF)	
IAB Level 1 Award in Manual Bookkeeping (QCF)	
IAB Level 1 Award in Computerised Bookkeeping (QCF)	
IAB Level 1 Award in Computerised Accounting for Business	
IAB Level 2 Certificate in Bookkeeping (QCF)	
IAB Level 2 Award in Manual Bookkeeping (QCF)	
IAB Level 2 Award in Computerised Bookkeeping (QCF)	
IAB Level 2 Certificate in Applied Bookkeeping (QCF)	
IAB Level 2 Certificate in Computerised Accounting for Business (QCF)	
IAB Level 3 Certificate in Bookkeeping (QCF)	
IAB Level 3 Certificate in Manual Bookkeeping (QCF)	
IAB Level 3 Award in Computerised Bookkeeping (QCF)	
IAB Level 3 Certificate in Applied Bookkeeping (QCF)	
IAB Level 3 Certificate in Computerised Accounting for Business (QCF)	
IAB Level 1 Award in Payroll (QCF)	

IAB Level 2 Certificate in Payroll (QCF)	
IAB Level 2 Award in Practical Payroll (QCF)	
IAB Level 2 Award in Computerised Payroll (QCF)	
IAB level 2 Award in Applied Payroll (QCF)	
IAB Level 3 Certificate in Payroll (QCF)	
IAB Level 3 Award in Computerised Payroll (QCF)	

4.5. Name of Exams Officer:  
 Mr/Mrs/Ms/Miss:.....

4.6. Exam Officer's e-mail address.....

4.7. Full address for correspondence and address to which exam papers are to be sent:  
 .....  
 .....  
 .....

4.8. Tel.No: ..... Fax No.: .....

4.9. Address where examinations are held (if different from above):  
 .....  
 .....

4.10. Maximum capacity of examination centre: .....

4.11. Can provision be made for external candidates: YES/NO  
 If yes, please confirm the charge to candidates: .....

Does your centre have facilities available for external events such as Tutors' Workshops? YES/NO

**SECTION 3**

**We enclose our cheque for the accreditation fee as indicated below (main campus only). Cheques should be made payable to The International Association of Book-keepers.**

- 1 year accreditation – £260 + one-off admin fee of £60 = £320**
- 2 years accreditation - £450 + one-off admin fee of £60 = £510**
- 3 years accreditation - £620 + one-off admin fee of £60 = £680**

**We understand that the above fees include two free places on the IAB annual Tutors' Workshops details of which will be sent to us in due course (main campus only).**

**We also understand that our accreditation will be due for renewal on the anniversary of accreditation being granted, and that we will be invoiced when the fee is due.**

**We undertake to make payment within 14 days of receipt of the invoice and understand that failure to pay within 3 months of the invoice date will result in automatic cancellation of our accreditation and removal of our centre details from the IAB website. We also understand that we will no longer be eligible to advertise or conduct IAB courses or to hold IAB examinations.**

**NB: The completed application form should be returned to the address on the front page. Please ensure that the following items are attached to this application form:**

- **Accreditation fee as detailed above**
- **CV's for all tutors who will be delivering the IAB programmes**
- **Details of your Quality Assurance Policy & Procedures**

**Signatures**

**Signature Principal/Head..... Date.....**

**Signature Course Leader..... Date.....**



# **Supplementary Qualification and Credit Framework (QCF) Accreditation of centres Application Form**

To be completed by all centres wishing to offer IAB QCF  
qualifications

1 Please provide a single named point of accountability for the quality assurance and management for the assessment of QCF units and qualifications:

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2 Please describe procedures in place for holding and transmitting securely any QCF assessment outcomes which need to be communicated to the IAB. This should only involve internally assessed and internally verified assignments:

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3 Please describe the training that has taken place to make relevant staff (ie. those involved with teaching IAB qualifications) aware of the assessment of QCF units and the accumulation and transfer of credits within the framework:

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4 Please describe the arrangements you have in place to obtain a unique learner number (ULN) for your students undertaking IAB QCF qualifications:

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5 Please describe how you would be able to access and use the record of your learner's previous achievements (in their learner record) to ensure that opportunities for credit transfer and exemption are maximised:

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6 Please describe the systems you have in place to track the progress of learners towards their target IAB QCF qualification:

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7 Please confirm that your organisation agrees to provide the IAB and the qualifications regulators access to premises, people and records and to cooperate with any of the IAB's monitoring activities:

Signature.....

Name.....

Position within organisation.....