

## APPLICATION FOR RECOGNITION AS A CENTRE FOR EDEXCEL EXAMINATIONS

This form, completed in conjunction with the Notes for Guidance and the JCQ Instructions for Conducting Examinations, should be completed in block capitals and returned to:  
*Centre Recognition Officer, Compliance & Quality, Edexcel, 190 High Holborn, London WC1V 7BH.*

### 1. Centre details

1.1 National centre number (if known)

.....

1.2 Full name of establishment

.....

1.3 Name for certificates

(if different from above) .....

1.4 Address

.....

.....

.....

Post Code .....

1.5 Tel no .....

Fax no .....

E-mail .....

1.6 Name of head of centre

(including title and initials) .....

Official title

eg Headteacher, Principal .....

1.7 Designation of addressee for correspondence

.....

1.8 Department for Children, Schools and Families number (if applicable)

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### 2. Currently approved centre of other JCQ awarding bodies

AQA  C & G  CCEA  OCR  WJEC

**3. Type of centre**

- Secondary Comp or Middle  1
- Secondary Selective  2
- Secondary Modern  3
- Independent including CTC  4

- FE establishment  5
- 6<sup>th</sup> Form College  6
- Tertiary College  7
- other  8

Please specify (eg special school, tutorial college, training centre)

.....

.....

**4. Funding**

- Maintained  1
- Independent  2
- Aided/Special Agreement  3
- Foundation State  4
- LSC  5

- Controlled  6
- HM Government/prison  7
- CTC Trust  8
- Higher Education  9
- Other (Please specify)  10

**5. Age range of students**

Age (minimum)  To Age (maximum)   
 (if over 18 enter 'Adult')

Total number of pupils/candidates on roll

**6. Entries**

Please indicate the entries which you anticipate making:

Year & Month of First Examination	Type of Examination	Subject(s)	Specification Code	Estimated Number of Candidates



\*Please give details:

.....  
.....  
.....  
.....  
.....

8.3 Give details of the security arrangements for the storage of examination stationery:

.....  
.....  
.....  
.....  
.....

9. As part of the approval process you are required to confirm that you have read the following documents and agree to administer your examinations in accordance with these documents:

- JCQ Instructions for Conducting Examinations ([www.jcq.org.uk](http://www.jcq.org.uk))
- JCQ Instructions for Conducting Coursework/portfolios ([www.jcq.org.uk](http://www.jcq.org.uk))
- JCQ Access Arrangements and Special Consideration ([www.jcq.org.uk](http://www.jcq.org.uk))
- JCQ Entry, Aggregation and Certification - Procedures and Rules ([www.jcq.org.uk](http://www.jcq.org.uk))
- JCQ Suspected Malpractice in Examinations and Assessments - Policies and Rules ([www.jcq.org.uk](http://www.jcq.org.uk))
- JCQ General Regulations for Approved Centres ([www.jcq.org.uk](http://www.jcq.org.uk))

Signed .....

Name of Head/Principal .....

10. Reference requests

NB: in considering this application, Edexcel reserves the right to contact other JCQ awarding bodies with which the applicant is currently approved.

Private/independent centres should provide the **names and addresses** of two referees. One should be a professional reference and one must be a bank reference.

The Professional Referee for the Head of Centre: examples can include previous academic employer, membership of relevant professional organisation

.....  
.....  
.....

The Financial Referee for the Centre: please complete the attached bank authorisation form.

11. Declaration - to be signed by the head/principal

I confirm that all information supplied by or on behalf of the Applicant to Edexcel in connection with this application is true, complete and accurate and that I am authorised to make this application for the named centre in Section A to be registered as an examining centre with Edexcel. I acknowledge that an Approval Contract comprising this application, the Regulations and Edexcel's acceptance letter will come into effect between Edexcel and the Applicant if Edexcel accepts this application and that the Approval Contract will be a legally binding agreement.

I understand and accept that Edexcel retains to itself the interpretation of the conditions of the centre's registration as an examination centre in any dispute and reserves the right to withdraw approval in the event of failure to comply with these conditions.

Signed .....

Name of Head/Principal .....

For and on behalf of (name of establishment) .....

Date .....



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REQUEST FOR FINANCIAL (BANK) REFERENCES

**In order to process your application for recognition, we have to obtain a financial reference.**

*We need your consent to contact your Bank for information. Please complete, sign in accordance with your bank mandate which they hold on their records and return this form with your application form.*

-----  
To: The Manager

Your Bank Title \_\_\_\_\_

Your Bank Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

YOUR CENTRE NAME:

\_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

SORT CODE: \_\_\_\_\_

**I authorise you to provide a financial reference in respect of the above account to:**

Centre Recognition Officer  
Compliance & Quality  
Edexcel  
190 High Holborn  
London  
WC1V 7BH

Signed by (Head/Principal/Manager): \_\_\_\_\_

Name (Head/Principal/Manager): \_\_\_\_\_

## CONFIRMATION OF VAT STATUS

Following a ruling from HM Revenue & Customs, Edexcel Ltd is required to charge and account for VAT on its sales of qualifications unless it has evidence from its customers that they have 'eligible body' status in which case sales to those customers will qualify for exemption from VAT. In accordance with that ruling Edexcel requests that organisations applying for Edexcel centre recognition confirm their 'eligible body' status in order to ensure that VAT is properly charged where appropriate. To help you complete the form the definition of an 'eligible body' is provided below and further information is available in the HM Revenue & Customs VAT Notice 701/30. Failure to respond will result in VAT being charged and so we ask for your co-operation to ensure that VAT is not charged unnecessarily.

Please confirm your status by ticking the appropriate box to indicate the type of organisation completing this application

School, university, sixth form college, tertiary college or further education college or other centrally funded higher or further education institution (defined as such under the Education Acts) or the governing body of one of these institutions	<input type="checkbox"/>
Local authority	<input type="checkbox"/>
Government department or executive agency	<input type="checkbox"/>
Non-profit making body that carries out duties of an essentially public nature similar to those carried out by a local authority or government department	<input type="checkbox"/>
Health authority	<input type="checkbox"/>
Non-profit making body that meets the following conditions:  A charity, professional body, company limited by guarantee, or an ad hoc group organising specific conferences or training events: That can not and does not distribute any profits made, applies any profits that might arise from supplies of educational research or vocational training to the continuance or improvement of such supplies	<input type="checkbox"/>
Commercial provider of tuition in English as a foreign language	<input type="checkbox"/>
Commercial provider that contracts or sub contracts to provide education or vocational training under one of the governments approved schemes whose services are ultimately funded by the Learning and Skills Council, the National Council for Education and Training for Wales, a Local Enterprise Company or the European Social Fund (under a scheme approved by the Department for Education and Skills as it was previously known)	<input type="checkbox"/>
Eligible body (Exempt from VAT)	<input type="checkbox"/>
Non-eligible body	<input type="checkbox"/>

## Intention to Offer Form Skills for Life Qualifications

Please tick the qualifications you wish to deliver	✓	Number of learners	Anticipated Start Date	Paper-based	Onscreen testing
<i>Example</i>	✓	50	Sept 06	✓	✓
ESOL Entry Level (post-16)					N/A
ESOL Level 1 & 2 (post-16)					<i>Only the Reading component can be done onscreen</i>
ESOL Speaking & Listening Entry Level (post-16)					N/A
ESOL Speaking & Listening Level 1 (post-16)					N/A
ESOL Speaking & Listening Level 2 (post-16)					N/A
Entry Level ICT					N/A
Adult Literacy Entry Level (onscreen)					<i>Only E3 Reading component can be done onscreen</i>
Adult Literacy Entry Level (paper based)					N/A
Adult Literacy Level 1/2					
Adult Numeracy Entry 3 (onscreen)					<i>E3 Handling Data, Measures Shape and Space and Number components can be done as a single test onscreen</i>
Adult Numeracy Entry level (paper based)					N/A
Adult Numeracy Level 1/2					
Key Skills Com 1/2					
Key Skills Com 3/4					N/A
Key Skills AON 1/2					
Key Skills AON 3/4					N/A
Key Skills ICT 1/2					
Key Skills ICT 3/4					N/A
Improving Own Learning & Performance Level 1-4					N/A
Working with Others Level 1-4					N/A
Problem Solving 1-4					N/A

### ONSCREEN TESTING

Centres intending to run onscreen tests, must complete the Onscreen Testing Application and Technical Requirements form, available at:  
<http://www.edexcel.org.uk/sfc/onscreen/become>

**Please read the declaration and sign and date this form**

#### Declaration by Principal or Chief Executive or Head of the Organisation/Institution

I understand that approval is subject to review and if quality is not maintained, or resources cannot be subsequently identified, certificates will not be issued and/or centre approval may be withdrawn.

**Signature of Head of Centre:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Head of Centre (print name):** \_\_\_\_\_

# Onscreen Testing Application and Technical Requirements Form

Please complete and return the second part of this form back to the Onscreen Testing Team on

020 7190 5657 to confirm that your centre meets the Onscreen Testing Technical Requirements. You will receive Installation instructions via email within 5 working days of returning the form.

## Operating Systems

ESM and Administrator have been tested and are supported on the following operating systems:

- Windows XP
- Windows 2000 Professional
- Windows 2003 Server
- Windows 2000 Server

## Enterprise SiteManager (downloads the tests) and Administrator software (for candidate testing)

ESM and Administrator has been designed to run on the following minimum specification:

- ESM is a Web Server service and will conflict with Microsoft IIS® during the installation process
- Adobe Acrobat® Reader 8.0 [www.adobe.com/products/acrobat/readstep2.html](http://www.adobe.com/products/acrobat/readstep2.html)
- Microsoft Internet Explorer® 6.0 and above
- Flash Player® 8 and above
- Pentium IV PC with 900 MHZ processor
- 1GB or more disk space available for Testing Network use (if the PC is to be used as the file server, otherwise a networked file share is required)
- 512 MB RAM
- 10/100 Mbps network interface adapter
- Minimum 56K connection to a reliable ISP (Internet Service Provider)
- Citrix mainframe or Microsoft Terminal services are not supported
- Printer for printing score reports
- Access to TCP traffic on port 80 (HTTP) and 443 (HTTPS) - standard Internet ports. If you are using an ISA Server or any other kind of Proxy, you must configure it to allow [www.catglobal.com](http://www.catglobal.com) (IP Address: 159.182.112.210) through

To test 10 or more candidates at the same time a Windows Server Edition is required. A windows Professional Edition will only support up to a maximum of 10 machines connecting to it at once.

## Additional requirements for Administrator software

- The Administrator application requires Local Admin rights for installation
- 10Mb or more disk space available for the testing system (Program Files)
- Microsoft or compatible mouse
- Video adapter capable of displaying at least 16 million colours (24-bit colour) and 1024 x 768 pixels
- 15" or larger monitor\* capable of displaying 16 million colours (24-bit colour) and 1024 x 768 pixels
- Display font size set to Small Fonts (Normal Size 96dpi) before prior to testing
- Where laptop is used screen display size should be 12" or greater and able to display 1024x768 pixels
- Sound card with headphones if offering exams that require sound files.

# Onscreen Testing Application and Technical Requirements Form

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## Your centre details

Centre number:

Centre name:

.....

## Administrator details

Contact Name:

.....

Position:

.....

(installation and guidance documents will be sent to this address)

Email:

.....

Please specify the qualification intend to offer Onscreen:

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...

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## IT Technician details

If you already have this software installed please provide us with your Promissor Test Id:

Contact Name:

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...

Position:

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(installation and guidance documents will be sent to this address)

Email:

.....

This confirms your centre meets the IT requirements

Signature:

.....

Date:

.....