

## CVVE Application Form

Please fill in or tick the boxes as required.

For the Examination Room details, please submit one page for every available Examination Room.

<b>CENTER DETAILS</b>		
<b>Center Name:</b>		
<b>Main address:</b>		
<b>Email:</b>		
<b>Fax Number:</b>		
<b>Postcode:</b>		
<b>Main Tel:</b>		
<b>Website:</b>		
<b>Center Type:</b>		
<b>Armed Forces</b> <input type="checkbox"/>	<b>University or HE Institution</b> <input type="checkbox"/>	<b>School</b> <input type="checkbox"/>
<b>Employee</b> <input type="checkbox"/>	<b>Private Teaching Center</b> <input type="checkbox"/>	
<b>Other (please specify)</b> <input type="checkbox"/>		

<b>CENTER DESCRIPTION</b>	
<b>1</b> Describe your center in terms of its history, experience and purpose. Please include the center's experience of delivery and assessment of learning.	
<b>2</b> Please outline the VEC qualifications you intend to offer and your intended number of candidates.	
<b>3</b> Is the center financially secure? Please state how you would evidence this.	

**CENTER EXPERIENCE WITH OTHER AWARDING ORGANIZATIONS**

<p><b>1</b> Are you an Approved Center for any other recognized Awarding Organization? If yes, please name the AO/s and include your center number and evidence of approval e.g. certificate.</p>	
<p><b>2</b> Have you ever been refused approval by a recognized Awarding Organization? If yes please name the AO and provide the date and reason for refusal.</p>	
<p><b>3</b> Have you ever had your approval withdrawn by a recognized Awarding Organization? If yes, please name the AO and provide the date and reason for withdrawal.</p>	

**KEY CENTER CONTACTS**

<b>Head of Organization</b>			
Name:		Address:	
Position:			
Tel.:			
Email:			
<b>Director</b>			
Name:		Address:	
Position:			
Tel.:			
Email:			
<b>Administration/Examination Contact</b>			
Name:		Address:	
Position:			
Tel.:			
Email:			

<b>Finance Contact</b>			
Name:		Address:	
Position:			
Tel.:			
Email:			
I declare that I am authorized by the center to supply the information given above and, at the date of signing, the information provided is a true and accurate record to the best of my knowledge. I further declare that I am authorized by the center to sign this application on behalf of the center.			
Signed: (Must be signed by Head of Organization or appropriate person with delegated responsibility)		Job Title:	
Full Name: (please print)		Date:	

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Legal Representative of the  
Examination Center  
(Company stamp and signature)

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Authorizing Representative of the  
Country Administrator  
(Company stamp and signature)

<b>EXAMINATION ROOM</b>				
Please tick the option that applies (Y or N) or fill in the boxes.				
<b>ROOM</b>			<b>1</b>	
Electrical Safety Regulations covered		Y	N	
Fire Safety Regulations covered		Y	N	
Room Floor Area		sq.m		min 20sq.m
Disabled Access		Y	N	
Number of	desks			
	computers			min 10
Distance between	desks		cm	min 125cm
	computers			min 110cm
Desk Dimensions		x	cm	min 50x50cm
Flat Desk Surface		Y	N	
Number of candidates (capacity)				
Sufficient Lighting		Y	N	
Sufficient Ventilation		Y	N	
Heating		Y	N	
Air conditioning		Y	N	
Clock		Y	N	
Writing Board		Y	N	
Suitable Audio Device		Y	N	
Acceptable Audio Quality		Y	N	
Candidates' belongings Storage area		Y	N	
Candidates' Waiting area		Y	N	
Online Examination    Computer terminals	Operating System			Windows 7 - 8.1 - 10
	OS Updated	Y	N	
	RAM	Gb		min 2Gb
Internet connection		Y	N	
Internet Connection speed		Mbps		min 24Mbps/20
UPS		Y	N	
Headphones		Y	N	
Greyed areas apply to online examination version only				
Notes:				