

# FutureQuals<sup>™</sup>

INSPIRING LEARNING AND SKILLS

## Change of Centre Details Form

Please complete all relevant boxes to inform FutureQuals of the changes that are happening at your centre. Be aware that changes could affect your direct claims status, centre approval and/or qualification approval.

Changes to Centre name and/or address must be confirmed on letter-headed paper and submitted with this update.

Please email completed form to [info@futurequals.com](mailto:info@futurequals.com)

### Part 1: Centre Details

<b>Centre Number:</b>	
<b>New Centre Name:</b> <i>(For change of name please attach formal evidence)</i>	
<b>Centre Previous Name:</b>	

<b>New Centre Address:</b> <i>(We must have an address and not a PO Box, please attach formal evidence)</i>	
<b>Centre Invoice Address:</b> <i>(if different to above)</i>	
<b>Satellite Centre Address(es)</b> <i>(if appropriate)</i>	
<b>UK Register of Learning Providers Number:</b> <a href="http://www.ukrlp.co.uk">http://www.ukrlp.co.uk</a>	

<b>Centre Tel No:</b>	
<b>Centre Fax No:</b>	
<b>Centre Web Address:</b>	

## Part 2: Centre Staff Details

<b>Staff member title, forename and surname</b>	
<b>Telephone Number and Email address</b>	
<b>Please indicate which role(s) the named person will be undertaking (for example Head of Centre, Quality Contact, assessor, IQA)</b>	
<b>Qualification the change relates to if relevant</b>	

<b>Staff member title, forename and surname</b>	
<b>Telephone Number and Email address</b>	
<b>Please indicate which role(s) the named person will be undertaking (for example Head of Centre, Quality Contact, assessor, IQA, qualification or exam administration)</b>	
<b>Qualification the change relates to if relevant</b>	

<b>Staff member title, forename and surname</b>	
<b>Telephone Number and Email address</b>	
<b>Please indicate which role(s) the named person will be undertaking (for example Head of Centre, Quality Contact, assessor, IQA)</b>	

<b>Qualification the change relates to if relevant</b>	
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<b>Staff member title, forename and surname</b>	
<b>Telephone Number and Email address</b>	
<b>Please indicate which role(s) the named person will be undertaking (for example Head of Centre, Quality Contact, assessor, IQA)</b>	
<b>Qualification the change relates to if relevant</b>	

### Part 3: Details of other changes

**Please include details of any other changes for example (not an exhaustive list):  
Changes to site contact details, physical resources or existing/new partnership arrangements and staff that have left the organisation and are no longer undertaking any role in the delivery of FutureQuals qualifications at the centre.**

By signing and submitting this form the Head of Centre is confirming that the centres has ensured that all staff involved in the assessing and internal quality assurance process meet the requirements of FutureQuals qualifications.

Signed for and on behalf of the Centre by the nominated Head of Centre:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Date: \_\_\_\_\_

For office use only:

Received by: \_\_\_\_\_

Date:

\_\_\_\_\_

Acknowledged by: \_\_\_\_\_

Date:

\_\_\_\_\_

Passed to Head of Quality for decision by: \_\_\_\_\_

Date:

\_\_\_\_\_

Decision returned to centre by: \_\_\_\_\_

Date:

\_\_\_\_\_

Copy place on centre file by: \_\_\_\_\_

Date:

\_\_\_\_\_