



## Qualification Approval Form: Essential Skills Wales

Use this form if you are requesting approval to offer WJEC Essential Skills Wales qualifications including the Essential Skills for Work and Life. Centres that are not currently approved to offer WJEC qualifications must also complete and return the *Centre Approval Form - Vocational, Skills, Welsh Baccalaureate and Pathways Qualifications*.

### Section A – Contact details

Centre name		
Centre No. (if known)		
Centre contact for queries relating to this application	Title	
	First Name	
	Surname	
	Email address	
	Telephone number	

### Section B – Qualification details

Please indicate below the specific Essential Skills Wales qualification(s) you are seeking approval for. For each qualification selected, please provide an estimate of your entries for Year 1 and Year 2 and whether you intend to assess the qualification through the medium of Welsh

Qualification <input type="checkbox"/>			Estimated entries		Welsh medium assessment?
			Yr 1	Yr 2	
Essential Communication Skills	Entry level	<input type="checkbox"/>			<input type="checkbox"/>
	Level 1	<input type="checkbox"/>			<input type="checkbox"/>
	Level 2	<input type="checkbox"/>			<input type="checkbox"/>
	Level 3	<input type="checkbox"/>			<input type="checkbox"/>
Essential Application of Number Skills	Entry level	<input type="checkbox"/>			<input type="checkbox"/>
	Level 1	<input type="checkbox"/>			<input type="checkbox"/>
	Level 2	<input type="checkbox"/>			<input type="checkbox"/>
	Level 3	<input type="checkbox"/>			<input type="checkbox"/>
Essential Digital Literacy Skills	Entry Level	<input type="checkbox"/>			<input type="checkbox"/>
	Level 1	<input type="checkbox"/>			<input type="checkbox"/>
	Level 2	<input type="checkbox"/>			<input type="checkbox"/>
	Level 3	<input type="checkbox"/>			<input type="checkbox"/>
Essential Employability Skills	Entry Level	<input type="checkbox"/>			<input type="checkbox"/>
	Level 1	<input type="checkbox"/>			<input type="checkbox"/>
	Level 2	<input type="checkbox"/>			<input type="checkbox"/>
	Level 3	<input type="checkbox"/>			<input type="checkbox"/>

Qualification		Estimated entries		Welsh medium assessment?
Essential Skills for Work and Life – Entry 1 Please provide an indication of the units you intend to offer below	<input type="checkbox"/>			<input type="checkbox"/>
Essential Skills for Work and Life – Entry 2 Please provide an indication of the units you intend to offer below	<input type="checkbox"/>			<input type="checkbox"/>
Essential Skills for Work and Life – Entry 3 Please provide an indication of the units you intend to offer below	<input type="checkbox"/>			<input type="checkbox"/>
Essential Skills for Work and Life – Level 1 Please provide an indication of the units you intend to offer below	<input type="checkbox"/>			<input type="checkbox"/>
Essential Skills for Work and Life – Level 2 Please provide an indication of the units you intend to offer below	<input type="checkbox"/>			<input type="checkbox"/>
Essential Skills for Work and Life – Level 3 Please provide an indication of the units you intend to offer below	<input type="checkbox"/>			<input type="checkbox"/>

## Section C – Staff Details

Please supply details of the staff who will be involved in assessing or internal quality assurance of the qualifications. Tick to confirm that all staff involved in assessing and quality assuring WJEC Essential Skills Wales qualifications:

- holds or is working towards an appropriate assessor and/or verifier qualification (e.g. A&V units) or can evidence significant equivalent experience
- holds a relevant professional qualification in the subject being assessed or can evidence significant equivalent experience
- has undertaken CPD within the subject/qualification area within the last 12 months

Please note that up-to-date CVs for all staff involved in internal assessment and quality assurance must be provided to WJEC on request and may be checked as part of a centre visit.

Staff Name	Qualification(s) related to (as listed in Section B).	Please indicate which role(s) the named person will be undertaking e.g. assessor, lead assessor, internal verifier	Holds or is working towards assessor and/or verifier qualification or significant equivalent experience	Holds relevant professional qualification or can evidence significant equivalent experience	Has undertaken CPD in the past 12 months
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please add additional rows as required.*

Please tick to confirm that	
• there are procedures in place to identify staff training needs and CPD is planned and delivered to satisfy quality assurance requirements.	<input type="checkbox"/>
• Sufficient time and resources available to enable internal assessors and internal verifiers/quality assurers to meet their quality assurance requirements	<input type="checkbox"/>

## Section D – Delivery and Resources

	Yes	No	If no, please specify what actions you have planned and when you anticipate being able to meet the requirements.
Please confirm you have the resources required to deliver the qualification(s) in line with the published specification and WJEC qualification handbook	<input type="checkbox"/>	<input type="checkbox"/>	

## Section E – Assessment and Quality Assurance

Please indicate whether you have the specified policies and procedures in place and that they are up to date and appropriately communicated across the centre and any partner sites/organisations.

Please note, these policies and procedures may be checked as part of a confirmatory/monitoring visit.

	Yes	No	If no, please specify what actions you have planned and when you anticipate being able to meet the requirements.
Documented roles and responsibilities for assessment teams across all sites.	<input type="checkbox"/>	<input type="checkbox"/>	
An internal assessment policy and processes that meet the requirements specified in the WJEC's published procedures.	<input type="checkbox"/>	<input type="checkbox"/>	
An internal standardisation process that meets the requirements specified in WJEC's published procedures.	<input type="checkbox"/>	<input type="checkbox"/>	
Effective plans to manage assessment scheduling of Controlled Tasks and/or Confirmatory Test and Structured Discussion.	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriateness of assessment location and environment for Controlled Tasks and/or Confirmatory Test and Structured Discussion identified.	<input type="checkbox"/>	<input type="checkbox"/>	
Procedures in place to quality assure conduct and outcomes of Structured Discussion.	<input type="checkbox"/>	<input type="checkbox"/>	
Summative nature of assessment disseminated and understood by tutors, internal assessors and internal verifiers/quality assurers and candidates.	<input type="checkbox"/>	<input type="checkbox"/>	
Appeals procedures is in place.	<input type="checkbox"/>	<input type="checkbox"/>	
Resit conditions for Controlled Tasks and/or Confirmatory Test and Structured Discussion disseminated and understood.	<input type="checkbox"/>	<input type="checkbox"/>	
Procedures in place for applying for access arrangements and dealing with unforeseen eventualities.	<input type="checkbox"/>	<input type="checkbox"/>	
Sampling strategy that meets the needs of the centre and satisfies quality assurance requirements agreed.	<input type="checkbox"/>	<input type="checkbox"/>	

### Secure access to Controlled Tasks

Please provide a named contact identified as the holding person for the Controlled Task passwords

Title	
First Name	
Surname	
Email address	
Telephone number	

Please tick to confirm that:	
Controlled Tasks are only accessible to named individuals of the required status and level of responsibility.	<input type="checkbox"/>
Responsible individuals are identified and briefed for supervising Controlled Tasks and Confirmatory Test.	<input type="checkbox"/>

### Section F – Declaration

I declare that I am authorised by the above centre 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.	
Signature of Head of Centre, Principal or Chief Executive	

Name in BLOCK CAPITALS	
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Job Title	
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Date	
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#### FOR WJEC USE ONLY

Approved/Refused	
Reason	
Centre No	
Date	