**Section 1: To be completed by the Proposer**

1. **Centre/College Information**

|  |  |
| --- | --- |
| **Centre/College Name** |  |
| **Name of Contact Person** |  |
| **Phone Number** |  |
| **E-mail address** |  |

1. **Identification of Major/Special Purpose award**

|  |  |
| --- | --- |
| **Title and Code of Major/Special Purpose/Supplemental Award in which named centre/college wishes to offer certification** | **Title:** |
| **Code:** |
| **Title and Code of related Components/Minor Awards that may be offered as part of the overall Major/Special Purpose/Supplemental Award** | **Component 1:** |
| **Component 2:** |
| **Component 3:** |
| **Component 4:** |
| **Component 5:** |
| **Component 6:** |
| **Component 7:** |
| **Component 8:** |
| **Please insert additional lines for components over 8** |

1. **Rationale for wishing to offer a programme leading to named award(s)**

|  |
| --- |
| **Please outline the reasons for proposing the delivery of a programme leading to the award(s) listed. Include any information on research you have undertaken to support your proposal. Include also reference to national/regional/local studies indicating a lack of current provision of programmes leading to the type of award(s) listed. Also include any consultation or engagement with relevant stakeholders, including industry representatives** |
|  |

1. **Capacity of named centre/college to deliver the programme – please indicate how the following will be planned for/managed in the named centre/college**

|  |  |  |
| --- | --- | --- |
| **Recruitment of Target Learner Group** |  | |
| **Learner Selection Process (including entry criteria)** |  | |
| **Specific Validation Requirements** |  | |
| **Staffing Requirements (including staff qualifications/expertise)** |  | |
| **Equipment/Facility/Resource Requirements** |  | |
| **Duration of Programme in hours** |  | |
| **Provision** | **Full-time 🞏** | **Part-time 🞏** |
| **Delivery Mode** |  | |
| **Notes (as applicable):** | | |

**Section 2: To be completed by the Process Co-ordinator**

|  |  |  |
| --- | --- | --- |
| **A programme leading to the award(s) is developed as part of the ETBI shared programme development process** | **Yes 🞏** | **No🞏** |
| **If No, then a proposal to develop a new programme should be made** | |
| **[Named ETB] is currently validated to offer the programme leading to the award(s) listed, in other locations in the ETB** | **Yes 🞏** | **No🞏** |
| **[Named ETB] is currently offering certification in the award(s) listed, in the following locations** |  | |
| **Notes (as applicable):** | | |

**Section 3: To be completed by the Programme Approval Committee**

|  |  |  |
| --- | --- | --- |
| **[Named ETB] has assured itself of the capacity of centre/college to offer a programme leading to named award(s)** | **Yes 🞏** | **No🞏** |
| **[Named ETB] has assured itself that by offering a programme leading to named award(s), there will be no negative impact on other [Named ETB] centres/colleges** | **Yes 🞏** | **No🞏** |
| **An application for validation for a programme leading to named award(s) will be made to QQI, specifying named centre/college**  **OR**  **[Named ETB] will add, via the QBS, named centre/college to the list of locations in [Named ETB] where named programme can be offered** | **Yes 🞏**  **Yes 🞏** | **No🞏**  **No🞏** |
| **Notes (as applicable):** | | |

**Signed: Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chair of the Programme Approval Committee**