

**Initial / Full Reaccreditation Application Form**

**The Money and Pension Service Debt Advice Quality Framework for Individuals**

**(to be read in conjunction with Application Guidance)**

**Organisational Overview and Essential Information:**

Please complete the sections below as highlighted. Please nominate one person who will lead on the assessment process, and co-ordinate with both Recognising Excellence and the appointed Assessor. This should be someone with sufficient authority to manage the assessment process on behalf of the applicant and ideally be the Office Manager or Quality Representative.

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| **Name of Organisation:** |  | | |
| **Principal Office Address:** |  | | |
| **Postcode:** |  | | |
| **Contact Name:** |  | | |
| **Position:** |  | | |
| **Telephone Number:** |  | **Mobile:** |  |
| **Email Address:** |  | | |
| **Overview of the Organisation:** |  | | |

**Training Course / Qualification Information:**

This section relates to the programme of learning that is applying for initial accreditation/ full reaccreditation. Please refer to the supporting Application Guidance when completing this section. A separate application should be completed for each programme of learning.

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| **Course/Qualification Title:** | | | | | | | | | | | |
| **Debt Activity Set Applicable: (Please indicate if course/qualification covers more than one activity set)**  When making your selection, please consider the requirements of the knowledge competencies within the aligned NOS units applicable) | | | | | | | | | | | |
| **Initial Contact:** |  | | | **Casework/Specialist:** | | |  | |  | | |
| **Support Work:** |  | | | **Court Representation:** | | |  | |  | | |
| **Advice Work:** |  | | | **Supervision:** | | |  | |  | | |
| **Geographical Coverage: England** | | | | | | | | | | | |
| **Please confirm nature of programme:**  **Internal Induction Public Facing Programme**  **Internal Training On-line learning**  **Qualification** | | | | | | | | | | | |
| **Is the programme content accredited by another body e.g. OFQUAL: YES / NO**  **(If yes, please state who:)** | | | | | | | | | | | |
| **Has your programme been awarded Skillsmark? YES / NO** | | | | | | | | | | | |
| **Number of Courses run per year:** | | | | | | | | | | | |
| **Duration of programme:** | | | | | | | | | | | |
| **Date submitted programme began delivery:** | | | | | | | | | | | |
| **Who is the programme aimed at?** | | | | | | | | | | | |
| **Methods of Presentation Used:** | | | | | | | | | | | |
| **Lecture** | |  | **Group Discussion** | | | |  | **Online** | |  | |
| **Coaching and Mentoring** | |  | **Conference** | | | |  | **Distance Learning** | |  | |
| **Tutorial /Seminar** | |  | **Workshop (group exercise/role plays)** | | | |  | **Other** | |  | |
| **If other, please state methods used:** | | | | | | | | | | | |
| **Is the individual participant assessed: YES / NO**  **If yes, how frequently:** | | | | | | | | | | | |
| **If yes, by what methods:** | **Examination** | | | |  | **Delegate Assignments** | | | | |  |
|  | **Project** | | | |  | **Coursework** | | | | |  |
|  | **Other** | | | |  |  | | | | |  |
| **If other, please state methods used:** | | | | | | | | | | | |
| **What are the desired learning outcomes?** | | | | | | | | | | | |

**Application Preparation**

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| **In preparing your application for accreditation/reaccreditation, has the programme been modified in any way? Yes / No**  **If yes, please detail:** |
| **Has additional learning content been created to support your application? Yes / No**  **If yes, please confirm the implementation date of the changes: ........... / .................. / ...................** |

**Considerations to Pre Requisite Learning:**

The MaPS accreditation scheme enables pathways of learning to become accredited which could result in an individual accessing your programme having previously completed an accredited programme of learning through an alternative provider. This situation is most likely to occur within programmes aimed at Advice work and above. If this situation were to occur, please detail the appropriate steps you would take to assure the validity of the prior learning which would be classed as prerequisite entry criteria for your own programme.

*Worked Example*

Adviser A completed MaPS accredited training for Support Work at Training Provider A and now has applied to undertake MaPS accredited Advice Work training with your organisation – How will your entry criteria enable this to be taken into account to avoid Adviser A having to repeat accredited Support Work training?

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| **Pre-requisite Learning Validation Procedures:** |

**Assessment Criteria**

In addition to assessing alignment against the National Occupational Standards the assessment process also considers the content and process of training. Therefore in addition to learning content, the assessment will extend to the management, administration, learning and evaluation, insurance, and complaints and feedback procedures that underpin how training is delivered and will ascertain the performance mechanisms and robustness of these key factors.

The following questions seek to understand how the learning programme is delivered and quality is assured. You should refer to the guidance within the supporting Application Guidance document when answering these.

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| **Please outline your approach to how learning is assessed:**   * How Learning is Assessed / Online knowledge Test e.g. Interactive activities / opportunity for QA with trainer(s) / electronic break out rooms e.g. in Zoom/ online opportunity for discussion with other Learners * Webinars, Discussion Boards * Robust and Secure Systems for Administration of learning (Cyber Security/GDPR/Confidentiality) * Evaluation of Trainers and Training Materials / support for trainers transitioning to online teaching * Feedback and Complaints Procedure |

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| **Please outline your approach to ensuring robust and secure systems for administration of courses:** |
| **Please outline your approach to the recruitment, selection, evaluation and regular review of trainers (how do you review trainer knowledge and soft skills) and training materials:** |
| **Please outline any feedback and complaints procedures you have in place:** |
| **Please outline the Professional Indemnity Insurance arrangements in place extending to trainers:** |
| **Please outline below any further information you feel the Assessor should be aware of:** (Please identify any delivery partnerships, access routes or referral arrangements that may exist with other training/qualification providers.) |

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| **Documents to be included with your application submission:** | |  |
| |  |  | | --- | --- | | 1. A list of the course aims and intended learning outcomes | **YES / NO** | | 1. A copy of the course programme (identifying expected hours of study on each section/part) | **YES / NO** | | 1. Details of trainers, and their relevant qualifications and experience | **YES / NO** | | 1. Full set of course materials including, as applicable, method of presentation, lesson/session plans, case studies, lecture notes, exercises, delegate handouts | **YES / NO** | | 1. If the course is to be assessed, methods of assessment including details of the Assessor, qualifications and sample assessments | **YES / NO** | | 1. If workshops i.e. active delegate participation, give details of how this will be organised, total number of participants in the group | **YES / NO** | | 1. Sample course quality evaluation form | **YES / NO** | |  |  | | 1. Completed Self Assessment Checklist | **YES / NO** | | 1. Procedure for verifying pre-requisite learning checks | **YES / NO** | | 1. Any other relevant supporting documentation you would like us to consider | **YES / NO** | | |  |
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| **If access to course materials and content is available online, please provide details below of how these should be accessed:** (Internal systems and drop box facilities are acceptable) |

**Data Protection**

Recognising Excellence is complying with current data protection legislation, the UK General Data Protection Regulation (GDPR) and the Data Protection Act 2018 or any codes of practices issued by the Information Commissioner from time to time.

For the purposes of this agreement to carry audits the Money and Pensions Service is the ‘Data Controller’ Recognising Excellence the ‘Data Processor’.

The legal basis for Recognising Excellence for processing data is that of “contractual obligation” as set out in Article 6 (1) (b) of the GDPR.

The Client will be made fully aware of its rights under GDPR by reference to MaPS’s Privacy Policy <https://www.moneyadviceservice.org.uk/en/corporate/privacy> and the Recognising Excellence’s Privacy Policy [[http://www.recognisingexcellence.co.uk](http://www.recognisingexcellence.co.uk/recognising-privacy-policy/)](http://www.recognisingexcellence.co.uk/recognising-privacy-policy/). Most commonly these are:

* All information gathered during the Audit shall be held as absolutely confidential however obtained or learned from the Client in pursuant to or in preparation of, or obtained or learned during the term of this agreement, whether relating to the Practice or to its business or to any of its officers, servants, agents, clients, suppliers, or subsidiaries or to the business of any of the foregoing persons or otherwise, and whether or not expressly designated confidential;
* Recognising Excellence shall not without the Client’s prior written consent use or permit or cause the same to be used save for the direct purpose of this agreement;
* Recognising Excellence shall not without the Client’s prior written consent disclose or permit or cause the same to be disclosed to any person other than to those of its full-time employees and/or its Auditors and Verifiers who need to be informed thereof to enable Recognising Excellence to perform its obligations.
* No case files or employee records will leave the organisation’s premises, except by GDPR compliant couriers and Recognising Excellence’s Auditor will destroy all notes/records on completion of the assessment process;
* Recognising Excellence on behalf of the Money and Pensions Service will securely retain any MaPS related audit information for 6 years from the date of creation, for the period it holds the MaPS license.

**Disclaimer:**

Applications will not be processed unless all information and supporting materials are supplied with the completed application form.

**Please note: The application will be rejected if the course materials contain out-of-date information.**

Signed: Date:

Name: Position:

Please send your completed application form and supporting documentation to:

Liz Morris

Contract Manager

Recognising Excellence

[liz.morris@recognisingexcellence.co.uk](mailto:liz.morris@recognisingexcellence.co.uk)

Submissions via email and Drop Box are the preferred. If you would like to make a hard copy submission, please contact Recognising Excellence to discuss postal arrangements.

For any queries or support with your application, please contact Liz Morris on 07394 563357 or the main office number 01452 688357