

EXAMINATION PARTNER

Examination Partner Name	<input type="text"/>
Contact Name	<input type="text"/>
Examination Partner Address	<input type="text"/>
Telephone Number	<input type="text"/>
E-mail	<input type="text"/>
Qualifications offered	<input type="text" value="Award in Pensions Essentials
Certificate in Pensions Essentials
Certificate in Pensions Administration
Diploma in Pensions Administration"/>
Other PMI exams offered:	<input type="text"/>

For PMI use:	<input type="text"/>	
Examination Partner Number	<input type="text"/>	
Does the Partner have satellites/how many?	<input type="text"/>	<input type="text"/>
Date/Year of Accreditation	<input type="text"/>	



Examination Partner contact details

A single named individual must be identified who is accountable for the quality assurance and management for the assessment of units and qualifications within this Examination Partner

Name	Role within the company you work (Examination Partner)	Contact Details

3 POLICIES

The Examination Partner has appropriate written policies and procedures with regard to:

(Please attach to response)

1. Assessment;
2. Internal Verification/Quality Control;
3. Equality of Opportunity;
4. Health and Safety;
5. Malpractice/Maladministration



4 Action Plan (for PMI use)

Signature of Approval Officer:..... Date:.....					