

Complete this form when you are seeking centre recognition status from PMI and in doing so please ensure that you complete all sections of the form.

Please take the time to carefully consider your responses in this application. The information you give in this application is important and will be relied upon by PMI to consider your application. If your application is accepted but you then fail to comply with any of the requirements set out in this form, or if any of the information you have given is not true and accurate or is misleading, PMI can terminate your approval by written notice to you, effective from the date stated in that notice.

Subject to compliance with applicable laws, acceptance of your application is at the absolute discretion of PMI and PMI is entitled to reject your application, without giving any reason.

PART 1: CENTRE REGISTRATION

1.1 Centre Details

| Centre Number (PMI use only) | |
|--|-----------|
| Centre Name | |
| | |
| Centre Address (for correspondence) | Address: |
| | |
| | Postcode: |
| | County: |
| Centre Registered Company/Charity Address: | Address: |
| (if different to one above) | |
| | Postcode: |
| | County: |
| Centre Billing Address (if different to | Address: |
| correspondence address) | Postcode: |
| | County: |
| Telephone Number: | |
| Centre Fax Number: | |
| Centre Web Address: | |
| | |



| wame o | f the Principal or Head: (including title) | Name: | |
|---|--|--|--|
| | | Position: | |
| | | Phone: | |
| | | Email | |
| Name of | f the person with day to day | Name: | |
| respons | ibility for the PMI qualification(s): | Position: | |
| | | Email: | |
| | | Phone: | |
| Please tic | ype of centre k the relevant box(es) below to indicate w form College | what type of organisation Employer | n the centre is: |
| Adu Loca Volu | It Education Centre al Government/Central Government/NHS untary Organisation versity or other HE Institute | Armed Forces Further Educa Private Traini Overseas Cen | ation College ng Company |
| DADT 2. C | NIALIEIGATION DETAILS | | |
| 2.1 Progra | QUALIFICATION DETAILS amme Provision entify the qualifications for which you wish | n to be approved to offe | er as part of this application: |
| 2.1 Progra | amme Provision | n to be approved to offe Ref. | er as part of this application: Estimated. number. of learners in first year |
| 2.1 Progr | amme Provision entify the qualifications for which you wish | | Estimated. number. of |
| 2.1 Progr | amme Provision entify the qualifications for which you wish | | Estimated. number. of |
| Please ide Level Please p to offer continue To help a brief o hope to continue Please p | amme Provision entify the qualifications for which you wish | Ref. Ref. Se give be you so to | Estimated. number. of |



| Has your centre been refused centre recognition or qualification approval by another awarding organisation within the last 18 months for any qualification (if so, please provide details)? | |
|---|------------------------|
| Provide details, and current status, of any sanction(s)/restriction(s) imposed by any other | |
| awarding organisation within the last 18 months (noting that any misleading information may impact on your | |
| approval status and/or lead to your recognition being over-turned if it is found later that this question was | |
| not answered honestly). | |
| | Not applicable |
| | Funded by Government |
| How will your learners be funded? | Funded by employer |
| | Funded by the learners |
| | Other means |
| Provide details of any external organisation that you are | |
| inspected by and summary details of their last findings. | |
| Provide the names of any organisation or individual you | |
| intend to offer the qualification in partnership with (e.g. | |
| funding partner etc), including their roles and | |
| responsibilities; or add N/A if this does not apply to | |
| your centre. | |
| Do you intend to offer the qualification overseas? If so, | |
| please provide details of how you will quality assure the | |
| delivery. | |
| Please provide details of the person who will be the | |
| single overall point overall single point of responsibility | |
| for the qualification(s) you are seeking to deliver. | |



PART 2: POLICY AND PROCEDURES

Please tick the boxes below to confirm that you have the following arrangements and/or documents in place and that they are up to date and appropriately communicated across the centre and any partner sites/organisations, sub-contractors and third parties.

Equal Opportunities and Diversity Policy
 Arrangements to prevent and investigate instances of malpractice and maladministration
 Learner appeals procedure/policy
 Complaints handling policy and/or process which learners can access
 Conflicts of Interest Policy

| If you do not have a that are missing. | any of the above po | olicies and/or arra | ngements in place | provide a rational | e for any |
|--|---------------------|---------------------|-------------------|--------------------|-----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |



PART 3: STAFF RESOURCES

To offer PMI qualifications centres are required to have staff that have relevant subject experience (practical and/or teaching) and/or relevant qualifications at the level above the qualification(s) you are seeking approval.

will retain staff of appropriate size, competence, experience and track record to undertake the

Therefore, please tick each row to declare that your centre:

| | delivery of the qualification - this includes taking reasonable steps to ensure their competence |
|---|---|
| ŀ | where this is required for the assessment of specific qualifications. ensures that is has available sufficient managerial and other resources to enable it effectively and |
| | efficiently to undertake the delivery of the qualification as required by PMI. |
| F | will undertake to provide staff with appropriate inductions and professional development |
| | (including a development plan) to ensure staff can maintain their expertise and competence for |
| | the above-named qualification(s). |
| | understands that it is your responsibility to maintain the currency of your staff details and that any |
| L | misleading information provided may result in sanctions being applied |
| | will ensure that staff involved with a qualification will fully understand the relevant qualification |
| L | specification(s) provided by PMI and will comply with its provisions. |
| | will ensure that assessments are not undertaken by any person who has a person interest in the |
| | result of the assessment (e.g. Internal Verifiers signing off their own assessments; someone |
| | assessing the work of a family member; or someone whose pay is unduly influenced by positive |
| L | assessment results). |
| | uses buildings that provide access for learners for assessment purposes, in accordance with |
| L | relevant equalities legislation. |
| | ensures that the appropriate range of relevant and current equipment required to delivery and |
| | assess the qualification are available in accordance with the associated qualification specification(s) |
| _ | and that these are reasonably maintained. |
| | has the necessary level of financial, technical and staffing resources and systems necessary to |
| L | support the delivery of PMI's qualifications. |
| _ | |
| | Please provide a summary of the resources you will use to support the delivery of the qualification(s) |
| (| e.g. physical resources, computers, specific tools/resources, etc). |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |



PART 4: QUALIFCATION DELIVERY

Please tick each row to declare that your centre:

| will have appropriate internal quality assurance arrangements in place to ensure the effective and efficient |
|--|
| delivery of the approved qualifications it will offer, and these are underpinned by appropriate records. |
| will prevent and manage any potential/actual conflicts of interest in the delivery of our qualifications. |
| will have appropriate arrangements and agreements in place with any third parties who provide goods or |
| services to the centre which contribute to the delivery and/or assessment of the qualification(s). |
| has an appropriate and effective system and records for the management of all sub-contracted services |
| and that all policies and requirements referred to in this application will apply to any satellite sites |
| affiliated to the centre, for example remote assessment sites or delivery sites. |
| will ensure it has effective communications systems in place with third parties and sub-contractors to keep |
| them up to date with the requirements of PMI and the regulatory authorities and will ensure these apply |
| to those third parties and sub-contractors where relevant. |
| will take all reasonable to steps to prevent the loss, theft of, or breach of confidentiality in, assessment |
| materials and should such an incident occur then the centre must immediately inform PMI |
| will ensure the security of any examination/assessment material in respect of storage and the handling |
| process in line with the requirements of PMI. |
| take all reasonable steps to prevent incidents of malpractice or maladministration from occurring. |
| will fully co-operate in any malpractice/maladministration investigation - this includes, but is not limited to, |
| attending meetings and providing prompt responses to questions directed to the Centre. |
| understands and accepts that PMI reserve the right to tape any interviews with staff or learners as part of |
| an investigation and that by agreeing to this you give your consent for such interviews to be taped if required |
| by the investigation staff. |
| take all reasonable steps to investigate any suspected incidents of malpractice or maladministration and |
| rectify any negative impact of these incidents. |
| will promptly notify PMI of any incidents of malpractice or maladministration in line with the requirements |
| of PMI's malpractice/maladministration policy. |
| will provide access to documents, records, data, staff, third parties, sub-contractors, learners, satellite |
| centres or any other resource required by PMI and/or the regulatory authorities during an investigation of |
| centre of malpractice or maladministration. |
| will develop a full action plan for managing and rectifying the negative impact caused by any incident of |
| malpractice or maladministration, and which may include taking and proportionate action to ensure it |
| does not recur in the future – and that such action plans will be made available to PMI upon request. |
| will regularly review your internal procedures for preventing and investigating incidents of malpractice or |
| maladministration and make any improvements necessary to ensure they remain relevant and fit for |
| purpose. |
| understands and accepts that whilst PMI have a regulatory responsibility to protect the interests of |
| learners, the learners are recruited and registered by your centre and not PMI and therefore any services |
| the learners receive, or fees they pay are the responsibility of the centre. |
| will register/enter learners for assessment in an efficient manner and which adheres to PMI's registration |
| timetables and in doing so will abide by any restrictions regarding the minimum amount of time that |
| learners must be registered with PMI before certification. |
| |



| will take reasonable steps to ensure that all relevant centre staff understand how and when to apply for |
|--|
| learner registration and certification. |
| will ensure that appropriate and reasonable arrangements are in place to confirm the identity of all |
| learners enrolled at your centre and registered on PMI qualifications. |
| will maintain all learner records and details of achievement in an accurate, timely and secure manner in |
| line with the requirements of PMI and Data Protection Legislation and make these records available for |
| external quality assurance and auditing purposes, as required. |
| will ensure that learners receive appropriate inductions and support when enrolled on a PMI qualification. |
| will have appropriate administrative systems in place to track the progress of learners towards their target |
| awards and to ensure the validity of any claims for certification. |
| where appropriate and unless a learner chooses not to have one, has arrangements in place to obtain on |
| behalf of its learners a unique learner number (ULN/SCN) and a learner record. |
| has appropriate staff, resources and systems necessary to support the assessment of units and the award, |
| accumulation and transfer of credits and recording of exemptions (where appropriate). |
| where appropriate to the qualification/unit, has in place arrangements that allow for recognition of prior |
| learning (RPL)/accreditation of prior learning (APL). |
| will take all reasonable steps to guard against fraudulent or mistaken claims for certificates. |
| will keep relevant assessment and learner records, for at least seven years from the end of the year to |
| which they relate, for all qualifications and make these available to PMI upon request. |
| agrees to undertake assessments in accordance with any requirements outlined in the associated |
| qualification specification (e.g. specific conditions for certain assessment methods such as exams) and in |
| doing so will take account all admissible evidence generated by each learner. |
| will have in place effective arrangements to ensure that, as far as possible, the criteria against which |
| learners' performance will be assessed/differentiated are understood by assessors and accurately applied |
| consistently by assessors regardless of the identity of the learner. |
| agrees to notify PMI in advance, and seek our approval, if it wishes to deliver, or assess a PMI qualification |
| in another language other than English. |
| |



PART 5 OVERARCHING DECLARATIONS

Please read, tick the boxes and sign below. This declaration must be signed by an authorised signatory in his/her own name for and on behalf of the centre

Please tick each row to declare that your centre:

| | agrees to promptly notify PMI should a change of control occur in relation to the ownership of your centre |
|---|---|
| | (e.g. taken over by another organisation/individual, or there is a material change in your governance |
| | structure or legal status; there is a merger between your centre and another body, or any insolvency or |
| | bankruptcy proceedings have commenced in relation to your organisation). |
| | agrees to promptly notify PMI if your centres is convicted of a criminal offence; or is held by a court or any |
| | professional, regulatory, or government body to have breached any provision of Competition Law, |
| | Equalities Law, or Data Protection Law; or is held by a court or any professional, regulatory, or government |
| | body to have breached a provision of any other legislation or any regulatory obligation to which it is |
| | subject, or becomes insolvent or subject to corporate financial restructuring or bankruptcy proceedings. |
| | agrees to promptly notify PMI if the centre becomes insolvent or subject to corporate financial |
| | restructuring or bankruptcy proceedings. |
| | agrees to comply – and ensure compliance at its satellite centres/third parties - with current and any |
| | additional requirements from PMI as updated and amended from time to time and as outlined in their |
| | policies, qualification specifications and centre guidance materials |
| | agrees to take all reasonable steps – both at the centre and its satellite sites/third parties - to help ensure |
| | that PMI is able to comply with the regulatory requirements placed on it. |
| | will take all reasonable steps to promptly comply with requests from the PMI for information, data or |
| | documents required by the PMI or by the regulatory. |
| | will provide payment of all valid invoices presented by PMI within the stated terms and conditions of the |
| | invoices. |
| | understands that failure to pay PMI in accordance with the payment terms associated with its |
| | qualifications may result in services being suspended and/or qualification approval being removed. |
| | agrees to promptly update your centre profile in the system should any changes occur to the information |
| | held on it. |
| | has effective communications arrangements in place to ensure that your learners and staff are fully |
| | informed of the requirements associated with PMI's qualifications. |
| | will not make any use of PMI's trademarks, trade names, logos or other insignia except as expressly agreed |
| | in writing with PMI and in accordance with all of PMI's written instructions from time to time. |
| | will not make any statements, advertisements or promotions in relation to our qualifications that are likely |
| | to mislead learners and other users of the qualifications. |
| | will not make any statements, advertisements or promotions in relation to PMI qualifications that could |
| L | mislead learners and other users of the qualifications. |
| | will comply with all relevant legislation (including without limitation data protection, health and safety and |
| | equalities law). |
| | agrees to notify PMI if your centre wishes to withdraw from offering an approved PMI qualification in |
| | accordance with our qualification withdrawal process and/or is unable to continue to offer approved PMI |
| | qualifications. |



| will cooperate fully with PMI in cases where either the centre or PMI decides it needs to withdraw the |
|---|
| centre from its role in delivering a qualification. This co-operation will be provided whether the withdrawal |
| is voluntary or via the application by PMI of sanctions (in accordance with our sanctions policy). |
| will take all reasonable steps to protect the interests of learners in the case of a withdrawal of a PMI |
| qualification from the centre (e.g. will make best endeavours to find alternative centres for any current |
| registered learners in order for them to complete the qualification and/or seek certification from PMI for |
| any achievements that learners may have obtained to date). |
| will assist PMI in carrying out any reasonable monitoring and moderation activities and visits to your |
| centre and to assist the regulatory authorities should they carry out any investigations/monitoring |
| activities in relation to the delivery of regulated qualifications or PMI activities. |
| will work in line with any instruction issued by PMI to change the marking of evidence generated by a |
| learner during an assessment |
| accepts that if your centre is in breach of reasonable requirements specified by PMI and/or associated |
| regulatory criteria and/or actions assigned by PMI to the centre then sanctions or actions, including the |
| recovery of costs, may be imposed in accordance with the PMI sanctions policy. |
| will promptly notify PMI when it has cause to believe there has, or is likely to be, a major non-compliance |
| with our documented procedures and requirements and/or associated regulatory requirements. |
| agrees and understands that if this application is accepted it will form the contract between the centre and |
| PMI and the terms specified in this agreement will be referred to where there is any dispute or disagreement |
| relating to the role and responsibilities of our centre. |
| understands and accepts that PMI may terminate the recognition and/or all or some of the qualification |
| approvals assigned to the centre for convenience without penalty at any time upon 30 days written notice |
| or if the Centre commits a material breach of any term of this agreement (and in the event of a remediable |
| breach fails to remedy the breach to PMI's reasonable satisfaction within 7 days of a notice from PMI |
| requiring remedy of the breach). |
| agrees that if PMI terminates the approval, giving notice in writing, that we shall immediately cease |
| providing the qualifications (to which this approval relates) and all courses related thereto. |
| agrees to promptly inform PMI of any material changes to the information given in this application. If you |
| fail to do so, PMI reserve the right to terminate your approval by written notice to you, effective from the |
| date stated in that notice. |
| to the best of your knowledge (having made all due and careful enquiry) that there is no information, that |
| if disclosed might reasonably be expected to affect PMI's decision to approve the centre. |
| |

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 _ | | |
|-------------|------|------|
| | | |
| Position | | |
| Date | | |



| PAYMENT METHODS | F | FOR OFFICE USE ONLY |
|--|-------------------------------|---------------------|
| | | |
| Centre registration fee £1200.00 (+£400 per satellite centre) | CENTRE NUMBER | |
| Please return this form together with the completed payment page (attached) to | DATE RECEIVED | |
| | INPUT BY | |
| The Pensions Management Institute | CHECKED BY | |
| Qualifications Department | INVOICE NUMBER | |
| Floor 20 b | DATE SENT TO FINANCE | |
| Tower 42 | DATE BACK FROM | |
| 25 Old Broad Street | FINANCE | |
| London | | |
| EC2N 1HQ | CENTRE CERTIFICATE ISSUED on: | |
| Telephone: 020 7392 7400 | | |
| E-mail: MAUddin@pensions-pmi.org.uk | | |



| Centre number | Centre Name | _ |
|---|--|-----------|
| I have made r | ny payment by BACS to | |
| HSBC Bank plc | Account name: The Pensions Management Institute, 100 Old Broad Street Sort Code: 40-07-31 | |
| London EC2N 1BG | Account No: 61146203 | |
| I have included my coadvice to this form. | ompany name, contact name and telephone number in the transmission details. I have attached a copy of the re- | emittance |
| I wish to make n | ny payment by credit card | |
| Please debit the follow | wing account with (total amount) £ | |
| Card type: Visa | ☐ MasterCard ☐ Delta ☐ Switch/Maestro ☐ Solo Valid from: ☐ ☐ /☐ ☐ | |
| Card number: 🔲 🖺 🖺 | □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□ | |
| Security Code: | □ Issue Number (Switch/Maestro only) : □ | |
| Name as shown on ca | ard | |
| Billing address (if diffe | erent form delivery address) | |
| Daytime Contact Num | nber (Card payments only) | |
| Signed | | |
| The Pensions Manag Street. | ement Institute. Registered with limited liability in England No. 1262100. Registered Office Floor 20 b Tower 42 | 25 Old B |