

Forms & Templates

Official forms and templates for applications and related processes

This pack contains the official SafeQual AB forms and templates. Print the page you need, or fill it in electronically and save as PDF.

Only use the current version of each form. Check the issue date in the footer against the version on the Resources page.

In this document

01	Forms Index	07	F06 Malpractice Report
02	F01 Centre Approval Application	08	F07 Replacement Certificate
03	F02 Learner Registration	09	F08 Conflict of Interest Declaration
04	F03 Access Arrangements / Special Consideration	10	T01 Assessment Record Template
05	F04 Enquiry about Results / Appeal	11	T02 IQA Sampling Plan Template
06	F05 Complaint Form		

Forms Index

Complete forms in black ink or electronically, in BLOCK CAPITALS where asked. Send completed forms to info@safequalab.org with any supporting evidence. Incomplete forms will be returned and may delay processing.

Code	Form	Completed by	Related policy
F01	Centre Approval Application	Applicant centre	P10 Centre Approval
F02	Learner Registration Form	Centre (with learner)	Centre Handbook
F03	Access Arrangement / Reasonable Adjustment / Special Consideration Request	Centre	P03 Access Arrangements and Reasonable Adjustments
F04	Enquiry about Results / Appeal Form	Learner or centre	P01 EARs and Appeals
F05	Complaint Form	Anyone	P02 Complaints
F06	Malpractice / Maladministration Report	Anyone	P04 Malpractice
F07	Replacement Certificate Request	Learner or centre	P09 Certification
F08	Conflict of Interest Declaration	Centre staff	P06 Conflict of Interest
T01	Assessment Record and Feedback Template	Assessor	Assessment Handbook
T02	IQA Sampling Plan Template	Internal quality assurer	IQA Handbook

F01

Centre Approval Application

Use this form to apply to become a SafeQual AB approved centre. Attach the documents listed in Section D.

A. Organisation details

Legal name of organisation	
Trading name (if different)	Registration / licence no.
Head office address	
Country	Website
Telephone	Email

B. Key contacts

Role	Full name	Email	Phone
Head of Centre			
Quality Nominee / Main Contact			
Lead Internal Quality Assurer			
Safeguarding Lead			

C. Proposed delivery

Qualifications / sectors you wish to offer	
Delivery sites (address of each site)	
Delivery mode: ☐ Classroom ☐ Online ☐ Blended ☐ Workplace	
Expected learners in first 12 months	Countries where learners are based

D. Documents to attach

Document	Attached
Proof of legal registration / trade licence	☐
Organisation chart showing centre roles	☐
CVs and certificates of tutors, assessors and IQAs	☐
Policies: appeals, complaints, equality, malpractice, reasonable adjustments, data protection, safeguarding	☐
Description of premises and learning resources (photos welcome)	☐
Signed F08 Conflict of Interest declarations	☐

E. Declaration

I confirm that the information given is accurate and that, if approved, the centre will comply with all SafeQual AB requirements, policies and quality assurance arrangements. I understand that false information may lead to refusal or withdrawal of centre approval. (To be signed by the Head of Centre.)

Signature	Name (capitals)	Date
-----------	-----------------	------

FOR SAFEQUAL AB USE: Reference no.	Date received	Received by	Outcome
---------------------------------------	---------------	-------------	---------

F02

Learner Registration Form

Completed by the centre with the learner. Registration must be submitted before assessment takes place.

A. Centre details

Centre name	Centre number
Qualification title	Qualification code
Course start date	Planned assessment date

B. Learner details (as they should appear on the certificate)

Title	First name(s)	Family name
Date of birth	Nationality	ID / passport no. (last 4 digits only)
Address	Unique Learner Number (ULN), if held	
Email	Mobile	Employer (optional)

C. Support needs

Does the learner need any reasonable adjustment? ☐ No ☐ Yes (complete F03 if non-standard)
Details

D. Learner declaration and consent

I confirm my details are correct. I agree that my personal data may be processed by the centre and SafeQual AB to register, assess, certify and verify my qualification, in line with the SafeQual AB Data Protection and Privacy Policy. I will follow the assessment rules.

Signature	Name (capitals)	Date	
FOR SAFEQUAL AB USE: Reference no.	Date received	Received by	Outcome

F03

Access Arrangement / Reasonable Adjustment / Special Consideration Request

Completed by the centre. Submit non-standard adjustment requests at least 15 working days before assessment, and special consideration requests within 5 working days after it.

Centre name / number	Learner name	Learner registration no.
Qualification / unit	Assessment date	Assessment type
Request type: ☐ Reasonable adjustment (before assessment) ☐ Special consideration (after assessment)		
Reason for the request (condition, circumstance or barrier)		
Adjustment requested: ☐ Extra time ____% ☐ Reader ☐ Scribe ☐ Rest breaks ☐ Enlarged / coloured paper ☐ Assistive technology ☐ Other		
Details of adjustment / effect on learner		
Evidence attached (e.g. medical letter, assessment report)		

I confirm the information is accurate, the evidence is held on file, and the adjustment will not affect the validity of the assessment. (Quality Nominee)

Signature	Name (capitals)	Date	
FOR SAFEQUAL AB USE: Reference no.	Date received	Received by	Outcome

F04

Enquiry about Results / Appeal Form

Use this form for an Enquiry about Results (clerical re-check or review of marking) or to appeal a decision. Internally assessed decisions must go through the centre appeals procedure first. Submit within 10 working days of the result or decision.

Appellant name	Learner registration no. / centre no.
Email	Phone
I am a: ☐ Learner ☐ Centre ☐ Other (specify)	
Qualification / unit	Date of decision being appealed
Request type: ☐ Clerical re-check ☐ Review of marking / moderation ☐ Appeal to SafeQual AB ☐ Independent review	
Decision being appealed: ☐ Assessment result ☐ Access arrangement / special consideration ☐ Malpractice outcome ☐ Centre decision	
Grounds for enquiry or appeal (explain why you believe the result or decision is wrong)	
Outcome you are seeking	
Have you completed the centre appeals procedure? ☐ Yes, date: _____ ☐ No (explain why)	
Supporting evidence attached	

I confirm that the information in this appeal is true to the best of my knowledge.

Signature	Name (capitals)	Date	
FOR SAFEQUAL AB USE:			
Reference no.	Date received	Received by	Outcome

F05

Complaint Form

Use this form to make a formal complaint about a SafeQual AB or centre service. For results or assessment decisions, use F04 Enquiry about Results / Appeal Form.

Your name	Organisation / centre (if relevant)
Email	Phone
Complaint is about: ☐ SafeQual AB ☐ A approved centre (name): _____	
Date(s) of the events	People involved (if known)
Details of your complaint	
What have you already done to resolve it?	
What outcome would you like?	

I confirm that the information I have given is accurate. I consent to it being shared with those involved for the purpose of investigating my complaint.

Signature	Name (capitals)	Date	
FOR SAFEQUAL AB USE: Reference no.	Date received	Received by	Outcome

F06

Malpractice / Maladministration Report

Report suspected malpractice or maladministration within 2 working days of discovery. You may report anonymously, but this can limit our ability to investigate.

Your name (optional)		Contact email / phone (optional)	
Your role: ☐ Centre staff ☐ Learner ☐ Assessor / IQA ☐ Other			
Centre name / number		Qualification / assessment concerned	
Name(s) of individuals involved		Date(s) of incident	
Type: ☐ Plagiarism / copying ☐ Impersonation ☐ Exam misconduct ☐ Fabricated evidence ☐ Breach of assessment security ☐ Maladministration ☐ Other			
Description of what happened			
Evidence available / attached			
Action already taken			
Signature (optional)		Date	
FOR SAFEQUAL AB USE: Reference no.	Date received	Received by	Outcome

F07

Replacement Certificate Request

Use this form to request a replacement for a lost, damaged or incorrect certificate. Attach a copy of photo ID.

Full name (as on certificate)	Date of birth
Certificate number (if known)	Qualification title
Centre where qualification was taken	Year of achievement
Reason: ☐ Lost ☐ Damaged (return original) ☐ Error on certificate ☐ Change of name (attach proof)	
Details of error or change (if applicable)	
Delivery address for replacement	
Email	Phone

I confirm I am the certificate holder (or authorised by them) and that the original certificate, if found, will be returned to SafeQual AB.

Signature	Name (capitals)	Date	
FOR SAFEQUAL AB USE: Reference no.	Date received	Received by	Outcome

F08

Conflict of Interest Declaration

Completed by every person involved in delivery, assessment or quality assurance at an approved centre. Renew every year and whenever circumstances change.

Name	Role	Centre name / number

Do you, or will you, assess or quality assure any of the following?	Yes	No
A family member, partner or close friend	☐	☐
A colleague or someone you line manage	☐	☐
Someone employed by your own organisation or business	☐	☐
Do you have a financial or business interest in a learner's employer or the centre?	☐	☐
Do you work for another awarding body in a related role?	☐	☐

If you answered Yes, give details and the measures in place to manage the conflict

I confirm this declaration is complete and accurate, and I will tell the Quality Nominee immediately if my circumstances change.

Signature	Name (capitals)	Date

T01

Assessment Record and Feedback Template

Template for assessors to record decisions and feedback for each unit. Keep the completed record for at least 3 years.

Learner name	Registration no.
Qualification / unit	Assessment method
Assessor	Date of assessment

Learning outcome / assessment criterion	Evidence reference	Met?

Feedback to learner (strengths and areas to develop)		
Decision: ☐ Achieved ☐ Not yet achieved (resubmission date: _____)		
Learner comments		
Assessor signature / date	Learner signature / date	IQA sampled? ☐ Yes ☐ No

T02

IQA Sampling Plan Template

Template for planning internal quality assurance sampling across assessors, units, methods and sites.

Centre	Qualification
Lead IQA	Period covered

Learner	Assessor	Unit(s)	Method	Site	Planned date	Sampled date	Outcome

Sampling guidance: sample every assessor, every unit and every assessment method. Sample new or less experienced assessors more heavily (at least 50% at first), and include interim as well as summative sampling.

Lead IQA signature / date	Quality Nominee signature / date
---------------------------	----------------------------------