

Form 5. Education and Training Provider	
Partnership Name:	
Education & Training Provider Business Name and Address:	
	Postcode:
Contact Person:	Telephone No:
Fax:	Email:
Information about your service:	
Are you a registered NVQ Assessment Centre? Yes/No	
Centre No:	Awarding Body:
Which Care Qualifications do you provide? (please list)	
Do you provide assessment and verification services as part of your NVQ service? Yes/No	
Which of the following courses/certificates do you offer? (please tick as appropriate)	
<input type="radio"/> NVQ Assessor Award (A1)	<input type="radio"/> NVQ Internal Verifier Award (V1)
<input type="radio"/> NVQ Mentors Award	<input type="radio"/> Skills for Life
As a training provider do you attract external funding? Yes/No	
Please explain:	
I confirm that I am not receiving funding from others sources to fund the same unit outcomes to which I am claiming TSI funding.	
Describe your training organisation/business:	
Declaration:	
I confirm that I am able to assist the partnership to achieve the unit outcomes associated with this proposal and to provide the evidence specified by Skills for Care. I understand that the partnership require me to maintain an up-to-date record of registration and achievement to justify continued funding support from Skills for Care and/or to attract external funding to support the partnership.	
Name: _____	Signed: _____
	Date: _____