To apply to offer the Apprenticeship Standards, you must firstly complete this approval guidance checklist to ensure that the following criteria has been met.

Once complete, please ensure that this is uploaded to the ‘Documents’ section of your IMI Centres Hub, along with any supplementary evidence. Please then complete a ‘Centre Approval Application’.

# Name of the apprenticeship standard

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# IMI Operating manual section 9

The centre must ensure they have read and understood the information provided in the relevant area of Section 9 of the IMI Operating Manual.

# tooling and RESOURCES

Option A: Please tick to confirm that your centre have all resource requirements and will be able to host End Point Assessment. Full details of the required resources can be found on the IMI website: <http://www.theimi.org.uk/landing/apprentice/index.html>

Option B: Please tick if your centre will require the IMI to host End Point Assessment and provide resource requirements.

Please tick if your centre will be using the IMI eLogbook.

# REgister of apprenticeship training providers

The centre must appear on the Register of Apprenticeship Training Providers. Please provide register number or if using a funding agent please provide their name/number ……………………………………………

*Please note the application will not be accepted without the above information.*

# Company number

This is required for contract purposes, if different from the RoATP number stated above, please supply number in this form ……………………………………………

# Provider Type

Please confirm the type of provider you are in terms of delivery of training for apprenticeship standards and access of funds.

Main Provider - Providers who directly deliver apprenticeship training for employers and use the apprenticeship service to pay for training.

Subcontractor - Organisations who have entered into subcontracts with main providers and employer providers to deliver apprenticeship training.

If you are a subcontractor, please provide contact details of the Main Provider who will also be responsible for signing the EPA contract agreement with the IMI. Please list all Main Providers you work with as a Subcontractor below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Main Provider Details | | | | | |
| Organisation Name: | Organisation Address: | RoTAP No. | Company No. | Contact Full Name: | Contact Email Address: |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

# declaration

I certify that:

The information provided as part of this application is a true reflection of our intentions.

All required evidence, along with this checklist, will be submitted as part of the IMI Centres Hub Centre Application, in the ‘Documents’ section.

|  |  |  |  |
| --- | --- | --- | --- |
| **Centre name:** |  | **Centre number:** |  |
| **Centre Co-ordinator:** |  | **Date:** |  |