**Workplace Skills Quality Statement**

**Form SQS, Version 2.5**

This form is to be completed by all centres using our Workplace Skills platform Skills Zone. Centres must have discussed this with their City & Guilds Business Manager prior to completing this form. All fields are mandatory unless otherwise stated. This form represents a centre’s commitment to ensuring that the quality assurance requirements for the awarding of Skills Zone badges are being met.

**Section 1 Centre details**

|  |  |  |
| --- | --- | --- |
| 1.1 | Centre number(s) |  |
| 1.2 | Centre name(s) |  |

**Section 2 Programme details**

Please tick all the Skills Zone programmes that your centre will be applying for, and expected number of learners.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Standalone Workplace Skills | Product code | Product name | Please tick all products you are applying for | No. of expected learners using **Skills Zone** |
| Skills Zone Platform | 99661-99B | Workplace Skills Platform |  |  |
| TechBac | Product code | Product name | Please tick all products you are applying for | No. of expected learners using **Skills Zone** |
| Key Stage 4 | 9961-99 | Introductory Skills Zone (generic) |  |  |
| Key Stage 5 Level 2 | 9962-99 | Skills Zone (generic) |  |  |
| Key Stage 5 Level 3 | 9963-99 | Advanced Skills Zone (generic) |  |  |

**Section 3 Centre staff**

Please list below all the centre staff who will be involved in issuing Skills badges to learners.

|  |  |  |
| --- | --- | --- |
| Staff name | Role (e.g. Tutor) | Product code |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Section 4 Quality assurance declaration**

**By ticking this box I am confirming that I will ensure that:**

* Learners will be given access to the appropriate level of content within Skills Zone after completing the skills checker with their tutor
* Skills Badges will be awarded by Tutors based upon evidence that learners have the required skills to achieve them. This is based upon the listed criteria for each badge
* Tutors will be familiar with the criteria for all badges.

**Section 5 Terms & Conditions**

**5.1 Skills Zone Champion**

The Skills Zone Champion will take responsibility for **administration** of your Skills Zone access. They will;

* be available for the initial training session
* be the main contact for the digital support team to arrange support and training sessions
* be responsible for creation of learner accounts prior to the training session

**Please tick this box to confirm acceptance of these conditions**

|  |  |
| --- | --- |
| Telephone |  |
| Title |  |
| First name |  |
| Surname |  |
| Job title |  |
| Email |  |
| Date of completion |  |

**5.2 Authorisation**

By submitting this form the signatory hereby confirms and agrees that:

* he/she is duly authorised to sign and return this form on behalf of the centre
* the information provided in this application is complete and accurate
* the centre agrees to all conditions of use of the Skills Zone.

**Please tick this box to confirm acceptance of these conditions**

|  |  |
| --- | --- |
| Telephone |  |
| Title |  |
| First name |  |
| Surname |  |
| Job title |  |
| Email |  |
| Date of completion |  |