

**Guidance Notes for Completing
Application for Approval
BIIAB Level 2 Award in Door Supervision**

- Section 1. Please confirm centre details.
- Section 2. Please confirm centre number.
- Section 3. Please confirm centre contact responsible for BIIAB qualifications. It should be noted that approved centres can only have one named centre contact for the purpose of our qualifications.
- Section 4. Identify source of candidates.
- Section 5. Identify tutors (Form NT/DS must be submitted for each tutor with copies of certificates, when submitting Form ADS(CA)).
- Section 6. Confirmation that your centre has in place a policy and procedure to ensure Nominated Tutors are re-certified on an annual basis.
- Section 7. Evidence of public liability insurance (this should clearly state that the cover is for Physical Intervention Training. A centre can not be approved without proof of this insurance).
- Section 8. Please provide details of the Physical Intervention Programme you are going to deliver (e.g. the name of the provider such as Maybo).
- Section 9. Confirmation that your centre has a policy and procedure in place to risk assess its training venues (this would include the size of the training room and ration of trainers to learners).
- Section 10. Confirmation that your centre has a first aid policy.
- Section 11. Confirmation that your centre will issue all candidates with safety information prior to attendance.
- Section 12. Only record additional evidence/changes to the information recorded since you were approved or last monitored.
- Section 13. Documentation to be sent to BIIAB with application form.
- Section 14. The declaration must be signed by the Head of Centre or a senior member of management.

Application for Approval BIIAB Level 2 Award in Door Supervision

Please complete in block capitals using black ink

1. Name of Organisation:
Address:
.....
..... Postcode:
Telephone No: Fax No: Email:.....
2. Centre Number:.....
3. Name of Centre Contact:
Position:
Title (Mr, Mrs, Ms etc):
4. Please ✓ the appropriate box(es) to indicate the source of candidate.
 General Public Own Employees
 Employees of Corporate Clients
5. Names of Tutors (Form NT/DS must be submitted for **each tutor** together with copies of their certificates, when submitting this application).
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6. Confirmation that your centre has in place a policy and procedure to ensure Nominated Tutors are re-certificated on an annual basis.
7. Confirmation that your centre is aware of the risks involved with delivering Physical Intervention Training and that staff, tutors and centre are adequately insured. The centre must have in place the following insurance for the delivery of Physical Intervention. Acceptable evidence will include the certificate and associated schedule detailing insurance coverage.
 Employers Liability
 Public Liability
 Professional Indemnity

8. Please provide details of the Physical Intervention Programme you are going to deliver (e.g. the name of the provider)

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9. Confirmation that your training venue(s) will be risk assessed for its suitability for physical intervention training and the assessment and control measures recorded.

Risk assessment includes: Size of Training Room/Ratio of Trainers to Learners

10. Confirmation that your centre has a first aid policy.

First Aid Policy includes: Access to staff with first-aid-at work qualifications during physical skills training/First aid equipment available during physical skills training/Access to water and a telephone in an emergency.

11. Confirmation that your centre will ensure that all candidates prior to attendance on the physical intervention training will be issued with the following safety information:

Documentation includes: Confirmation that physical activity will be involved and that this carries risk/What is expected from them in terms of behaviour/What they should wear/What they should do if they have any concerns about their health or fitness to participate in this training.

12. Please record any additional evidence/changes to the information recorded since you were approved or your last monitoring visit.

13. Please ensure the following is enclosed with your application:

- Form NT/DS for each tutor
- Re-certification of Nominated Tutor Policy
- Insurance Certificate(s)
- Risk Assessment Policy
- First Aid Policy
- Copy of documentation to candidates regarding safety information

14. Declaration (to be completed by the Head of Centre/Organisation or senior member of management)

I ACKNOWLEDGE THAT IF AN EXTENSION TO APPROVAL IS GRANTED BY BIIAB, THIS APPLICATION WILL FORM THE BASIS OF THE AGREEMENT BETWEEN THE CENTRE AND BIIAB. THE CENTRE AGREES TO OPERATE ACCORDING TO BIIAB QUALITY ASSURANCE MANUAL AND ASSOCIATED POLICIES AND PROCEDURES. THE CENTRE WILL SUBMIT CENTRE APPROVAL INFORMATION UPDATE (FORM CAI) IF THERE ARE ANY CHANGES TO THE INFORMATION CONTAINED IN THIS APPLICATION.

I AGREE TO PROVIDE THE AWARDING ORGANISATION AND THE QUALIFICATIONS REGULATORS WITH ACCESS TO PREMISES, PEOPLE AND RECORDS, AND TO CO-OPERATE WITH THE AWARDING ORGANISATION'S MONITORING ACTIVITIES.

Surname: Title (Mr, Mrs, Ms etc).....

Forename:

Position:

Tel No: Fax No:Email:

Signature:

Date:

Please submit completed form if appropriate to:

Quality Assurance Manager
BIIAB
Wessex House
80 Park Street
Camberley
Surrey, GU15 3PT