

Notification of changes Accredited Centres

Name of organisation:					
Type of organisation: (School/College/Employer)					
Please indicate below any changes to provision in the last 12 months or expected changes in the next two months.	Yes	No	Date(s) when changes occurred or will occur in the near future.		
1. Changes in teaching staff: If yes, use the text box to give the percentage of any such changes and the reasons for it, if not part of your normal operation.			//		
2. Change in Principal* If yes, please use the text box to give the name of the Principal who left and the Principal who is new in post.			//		
3. Change in Director of Studies (HoC)* If yes, please use the text box to give the names of the HoC being replaced, as well as the person new in post.			//		
 4. New ownership/ part ownership and change of company* If yes, please use the text box to give the name of the new owner or part owners and state the new company registration number if applicable. 			//		
5. Increases or decreases in activity, especially new activity If yes, please use the text box to give the percentage of any such changes and if applicable details of any new courses.			From// To//		
6. No students for a period of time If yes, please use the text box to give the length of time when the school / college has not had students when you would normally expect to have them. Do not include advertised holidays.			From / / To / /		
7. Name change If yes, please use the text box to give the new name and the reason for the change.			//		
8. New or additional premises If yes please give use the text box to give the address and contact details for the new premises (used for teaching) TEXT POY: Please read the notes on page 3 to help you add			//		

TEXT BOX: Please read the notes on page 2 to help you add information below relating to points 1-8. Please provide any additional relevant information. *If any of these changes result in a new main contact for accreditation (different to the person declared in the *Annual declaration*), please indicate this below and provide full contact details:



Name:	Position:	Date:	
indifie.	POSITION.	Date.	

Notes to help you complete this form.

When adding notes to the notes field above please indicate the number, 1-8, you are referring to. If it is not possible to provide all the information requested below please indicate when this information will become available.

1. Changes in teaching staff:

If yes, please give the percentage of any such changes and the reasons for it, **if not part** of your normal operation. No need to do this if you are reporting on a seasonal provision and normal practice is to recruit new teachers every year.

2. Change in Principal*

If yes, please give the name of the Principal who left and the new Principal. If this is to be the new main contact (different to the person indicated in the last *Annual declaration*) then please provide full contact details.

3. Change in Head of Centre (HoC)*

If yes, please give the name of the HoC who left and the HoC who is new in post. If the latter is to be the new main contact (different to the person indicated in the last *Annual declaration*) then please provide full contact details.

- 4. New ownership including part ownership*
- If yes, please give the name(s) of the new owner(s) or part owner(s). If the new owner is to be the new main contact (different to the person indicated in the last *Annual Declaration*) then please provide full contact details.
- 5. Increases or decreases in activity, especially new activity If yes, please give the percentage of any such changes and, if applicable, details of any new activity. This is your chance to tell us about any new courses and say how they differ from your other courses. Please tell us the dates of these course(s) and the minimum age of enrolment for students for each course.
 - 6. No students for a period of time

If yes, please give the length of time when the school/college has not had students. There is no need to do this for normal school holidays which occur every year or if you are a seasonal provider unless you have not attracted students in your normal season.

7. Name change

If yes please indicate below the new name and tell us if this is to be:

a) the name listed on our online A/Z list of accredited providers and b) if this is also the correct name for invoicing purposes.



8. New or additional premises

If yes, please give the address and contact details for the new premises and state if it is to be the main address for invoicing or if it is only an additional premises. Please also tell us if teaching will be taking place there or not.

Please include any further notes to the above if you feel that it is relevant.