

RECAO

Centre Update Form

Centre Update Form

Centre Details

Centre Name	
Centre Number	

Change to Centre Details

Please tick the relevant box to indicate what changes have been made and provide details in the box underneath.

<input type="checkbox"/>	Centre Name	<input type="checkbox"/>	Changes to Centre Manager or Centre Manager contact details
<input type="checkbox"/>	Centre Address	<input type="checkbox"/>	Changes to centre contact or centre contact details
<input type="checkbox"/>	Centre telephone Number	<input type="checkbox"/>	Changes to or new Qualification administration staff
<input type="checkbox"/>	Centre emails address	<input type="checkbox"/>	New or changes to partnership arrangements

Please detail the changes below:

--

Changes to Qualification Support Details

	Staffing resources (1.1)		Satellite centres
	Physical resources		Other

1.1 Details for changes to staffing resources

Tick this box to confirm that the centre has ensured all staff involved meet requirements set by RECAO and have been approved by RECAO

Staff member

Part A- Please complete this section for all qualification staff changes		
Staff name	Title	
	First Name	
	Surname	
Qualification applied to/related to	Title	
	Number	
Please indicate which role/s the named person will be undertaking		
Nature of change (e.g. staff achieved TAQA, or updated CPD)		
Part B-Please complete this section for new staff only		
Please state whether holds or is working towards TAQA/RECL3		
Relevant professional qualifications		
Details of this subject area in the past 12 months		

Current and/or previous positions that demonstrate occupational competence and experience in this subject area	
Please list any other relevant experience or activities that help to demonstrate occupational competence in this subject area	

Details for all other changes

--

Declaration and contact details

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

Please tick in this box to confirm acceptance of these conditions:

Contact	Title	
	First name	
	Surname	
	Job Title	
	email	
Date of completion		

Now please submit the form electronically to centres@rec.uk.com