**GA Centre Approval Update Form**

Guidance Notes

Use this form to notify Gatehouse Awards of any changes supplied on the Application for Centre Approval or Application for Qualification Approval.

Please return the completed Centre Approval Update form and all supporting evidence to:

1. Centres operating directly under GA UK: email [approvals@gatehouseawards.org](mailto:approvals@gatehouseawards.org)
2. Centres operating via a regional GA Representative: email the relevant centre contact.

**1. Centre Detail**

|  |  |
| --- | --- |
| Centre Name |  |
| Centre Number |  |
| Head of Centre |  |
| Contact Telephone Number |  |

**2. Centre Approval Update**

|  |  |  |
| --- | --- | --- |
| Please tick the appropriate box(es) if there are any changes relating to information previously submitted and supply the new details in the space provided below. | | |
|  | Select | Details of the Change |
| Name of Centre |  |  |
| Head of Centre |  |  |
| Address of Centre\* |  |  |
| Examinations Officer |  |  |
| Telephone No / Email / Website |  |  |
| Finance Contact |  |  |
| Policies / Procedures |  |  |
| Senior Leaders / Management (Director / Partner / Shareholders) |  |  |
| Resources and Equipment |  |  |
| Qualification Delivery and Quality Assurance Staff |  |  |
| Other |  |  |
| \* *If you are notifying us of a change of premises used to deliver controlled examinations, please complete the Application for Approval for Examination Venue Form.* | | |

**3. DECLARATION & STATEMENT OF COMMITMENT**

|  |  |
| --- | --- |
| I hereby confirm that all information supplied by or on behalf of the Main Centre to GA in connection with this Centre Update is true, complete and accurate, and acknowledge that, if accepted by Gatehouse Awards, its content shall form agreed amendments to the agreement between us and Gatehouse Awards.  I further confirm that I am authorised to provide this Centre Update on behalf of the Main Centre.  I acknowledge that any changes to the Main Centre’s business operations, administration, resources, staffing and policies and procedures which affect the Centre’s ability to meet the Centre Approval Criteria will require a Centre Visit and such changes may affect the Approved Centre status for the entire Centre.  I will ensure that, should any actual or potential Conflicts of Interests arise as a result of changes to the Centre, a Declaration of Interests will immediately be completed and forwarded to GA. | |
| Signature of Head of Centre  *(an electronic signature is acceptable)* |  |
| Full Name of Head of Centre |  |
| Date |  |