

**Alternative Provision Quality Assurance Application**

This form is to be completed by the person requesting the Quality Assurance check

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| **Your Name:** |  | **Job Title:** |  |
| **Name of Company or School or Organisation:** |  | **Email:** |  |
| **Telephone number:** |  |  |  |
| **Name of Alternative Provision requiring QA:** |  | **Address of Alternative Provision requiring QA:** |  |
| **Telephone Number of Alternative Provision requiring QA:** |  | **Email of Alternative Provision requiring QA:** |  |
| **Name of Contact at Alternative Provision:** |  | **Type of provision offered:** |  |
| **Any qualifications or certificates offered:** | |  |  |
| **By which date must the QA be completed?** | |  |  |
| **Any other information:** | | | |
| **Please give at least 4 weeks’ notice prior to using an Alternative Provision so that checks can be made. You will receive confirmation once the QA is complete.** | | | |

Please complete this form and return to Alison Lucas [alucas1@suttonmail.org](mailto:alucas1@suttonmail.org)