**Distance, Online and Blended Learning Approval Form**

This application form should be completed fully and clearly

You should provide as much detail as possible,

Please call or email for any assistance using the contact details provided above.

B-TIC may call and / or email you if we require any further information.

# **Center Details**

|  |  |
| --- | --- |
| **Centre Name** |  |
| **Address**  |  |
| **City** |  |
| **Postcode** |  |
| **Country** |  |
| **Company Type** | Eg. Limited Liability | Charity |
| **Phone** |  |
| **E-mail**  |  |
| **Website** |  |

|  |  |
| --- | --- |
| **Proposed Qualification Title (as presented in the B-TIC website) to offer distance, online or blended learning** | **Qualification number** |
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| Establish your ability to meet the B-TIC minimum requirements with regards to distance, online or blended learning provision |
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|  |
| List the resources & facilities you are providing to distance, online or blended learning |
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**Declaration**

 We hereby confirm that the information given in this application form is true and up-to-date as per our knowledge.

We further confirm that we have the appropriate resources to deliver the proposed B-TIC qualifications by Distance, Online and Blended Learning effectively

|  |  |
| --- | --- |
| **Signature** |  |
| **Name** |  |
| **Title** |  |
| **Date** |  |

Please save this document in PDF and mail it to infor@b-tic.uk along with all the evidences.

**Note:-** Approval Takes 10 Working Days.