**Endorsed Learning Programmes (ELP)**

Qualification Approval Form

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| --- | --- | --- | --- |
| Center Name |  | Center Number |  |
| Country |  | Application Date |  |

**Proposed Course Details**

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| --- | --- | --- | --- |
| Course Title |  | | |
| Indicative Course Level |  | Course Duration |  |

Where will this course be regionally delivered?

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Is this course approved by a regulating body or certified by a awarding body? (if yes, please name)

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Course Objective

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**Programme contents**

Course Learning Outcomes and Objectives

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Programme structure (including units or modules)

| **Unit title** | **Level** | **Credit** |
| --- | --- | --- |
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| **Total:** | |  |

**Programme delivery and assessment**

Delivery Method (e.g. classroom, work-based, e-learning, distance learning, blended)

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Assessment Method (e.g. Examination, Assignments, Interviews etc.)

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Learning Materials and Technologies used in Delivery

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**Please list all staff members who participate in delivery, evaluation, and quality control procedures.**

**1. Name:**

Experience/qualifications:

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**2. Name:**

Experience/qualifications:

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**3. Name:**

Experience/qualifications:

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**4. Name:**

Experience/qualifications:

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**5. Name:**

Experience/qualifications:

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**Course Quality Check**

Quality Assurance Details of the Program:

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Details how the Course is Reviewed:

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**Declaration**

By submitting this Form I can confirm that the above programme is developed by us and the programme is the sole property of (Centre Name).

Form completed by:

Job title:

Date: