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| **Qualification withdrawal by Recognized Centre Form** |

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| Centre Name |       | Centre Number |  |
| Contact Person |  |
| E-Mail  |  | Phone |  |
| Tick as Appropriate  | Yes | NO |
| Are you ceasing to deliver B-TIC Qualification? |  |  |
| Are you ceasing to offer specific B-TIC qualification(s) only? |  |  |
| Qualification(s) Title & Qualification Number to cease offering  | Number of registered learners | Date of Withdrawal  |
|  |  |  |
|  |  |  |
|  |  |  |
| Strategy to support any existing learners to ensure their interests are protected |
|  |
| Name &Signature |  | Date |  |

**(OFFICE USE ONLY)**

|  |  |
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| Decision of Application |  |
| Compliance Manager  |  |
| Compliance manager signature  |  |
| Application Received By |  |
| **Received Date:** |  | **Signed off Date** |  |
| Signature of receiver  |  | **Date** |  |

Note: The Process will take 10 Working days