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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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