Approval request form – new institution

**This form should only be used if your education provider does not run any existing HCPC-approved provision.**

Contents

[Guidance 2](#_Toc81994606)

[Process stage diagram 2](#_Toc81994607)

[Purpose of this stage 2](#_Toc81994608)

[Step by step guidance 2](#_Toc81994609)

[Next steps 3](#_Toc81994610)

[Programme and provider information 4](#_Toc81994611)

[Section 1: Education provider information 4](#_Toc81994612)

[Section 2: Contacts definition 4](#_Toc81994613)

[Section 3 – Programme(s) proposed for HCPC approval 5](#_Toc81994614)

[Programme 1 5](#_Toc81994615)

[Programme 2 6](#_Toc81994616)

[Programme 3 7](#_Toc81994617)

[Programme 4 8](#_Toc81994618)

[Programme 5 9](#_Toc81994619)

[Section 4 – Details of the approval request 10](#_Toc81994620)

[Section 5 – Details regarding the development of your programme(s) 10](#_Toc81994621)

[Section 6 – How we will handle the data you provide 12](#_Toc81994622)

[Section 7 – Further guidance on required information 12](#_Toc81994623)

# Guidance

## Process stage diagram



## Purpose of this stage

* You are proposing a new programme related to the education and training of HCPC-regulated professions or post-registration entitlement areas, and your education provider does not run any HCPC approved programmes
* We are asking you to provide information which will allow us to commence the approval process to consider approval for your institution and the programme(s) proposed

## Step by step guidance

1. Ensure that your institution does not already run HCPC-approved programmes – the process is normally less burdensome for providers where we have an understanding of their institution
2. Complete all areas of the form with as much detail as possible. This will ensure we can:
* process your application efficiently and look to commence discussions with you about the process to approve your institution and programme(s);
* contact you to clarify any of the information you have provided;
* discuss your proposals further if we consider you are not ready to commence our approval process.
1. Contact the Education team by emailing education@hcpc-uk.org if you would like to discuss your proposal or completion of the form
2. Once completed, return the form to education@hcpc-uk.org

## Next steps

1. We will review your form and contact you with next steps within two weeks of receipt
2. You will submit documentation and information to be reviewed through the process
3. We will come to judgements about outcomes through the process we define, working with you where needed to ensure regulatory standards are met

# Programme and provider information

## Section 1: Education provider information

|  |  |
| --- | --- |
| **Education provider name** |  |
| **UK Register of Learning Providers reference** |  |
| **Validating body for the programmes proposed** (if different to the education provider) |  |

## Section 2: Contacts definition

We are asking you to establish three different types of contact, to allow us to work with the right people at the right time. Please add additional rows where you need to record additional contacts. The first two contact types are included here in this section, and further contacts are defined through section 3.

|  |
| --- |
| **Quality assurance contact(s)*** Individual(s) who have oversight of proposed provision from a quality and enhancement perspective
* We will interact with these contact(s) on matters of quality on a granular, regular and ongoing basis
 |
| **Name** | **Job title** | **Email address** | **Phone number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Strategic contact(s)*** Senior individual(s) who have strategic oversight of proposed provision
* We will work with these contacts in relation to strategic matters, and keep them informed of significant matters of quality at the institution
 |
| **Name** | **Job title** | **Email address** | **Phone number** |
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## Section 3 – Programme(s) proposed for HCPC approval

### Programme 1

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Award title leading to registration**  |       | **Part of Register** | **Entitlement** | **Qualification** | **Total number of learner per year** | **Internal quality monitoring month** |
| Choose an item. | Choose an item. Choose an item. | Choose an item. |       | Choose an item. |
| **Modes of study** | **Proposed first intake** | **Programme duration** (in months) | **Proposed cohort size** (mode of study) | **Number of cohorts per year** | **Internal programme reference code** |
| Choose an item. | Click or tap to enter a date. |       |       |       |  |
| Choose an item. | Click or tap to enter a date. |       |       |       |  |
| Choose an item. | Click or tap to enter a date. |       |       |       |  |
| Choose an item. | Click or tap to enter a date. |       |       |       |  |
| **Programme contact(s)*** Individual(s) who have professional oversight at a programme level
* We will work with these contacts in relation to professional matters, and keep them informed of matters of quality related to the programme or professional level
 |
| **Name** | **Job title** | **Email address** | **Phone number** |
|  |  |  |  |
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### Programme 2

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Award title leading to registration**  |       | **Part of Register** | **Entitlement** | **Qualification** | **Total number of learner per year** | **Internal quality monitoring month** |
| Choose an item. | Choose an item. Choose an item. | Choose an item. |       | Choose an item. |
| **Modes of study** | **Proposed first intake** | **Programme duration** (in months) | **Proposed cohort size** (mode of study) | **Number of cohorts per year** | **Internal programme reference code** |
| Choose an item. | Click or tap to enter a date. |       |       |       |  |
| Choose an item. | Click or tap to enter a date. |       |       |       |  |
| Choose an item. | Click or tap to enter a date. |       |       |       |  |
| Choose an item. | Click or tap to enter a date. |       |       |       |  |
| **Programme contact(s)*** Individual(s) who have professional oversight at a programme level
* We will work with these contacts in relation to professional matters, and keep them informed of matters of quality related to the programme or professional level
 |
| **Name** | **Job title** | **Email address** | **Phone number** |
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### Programme 3

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Award title leading to registration**  |       | **Part of Register** | **Entitlement** | **Qualification** | **Total number of learner per year** | **Internal quality monitoring month** |
| Choose an item. | Choose an item. Choose an item. | Choose an item. |       | Choose an item. |
| **Modes of study** | **Proposed first intake** | **Programme duration** (in months) | **Proposed cohort size** (mode of study) | **Number of cohorts per year** | **Internal programme reference code** |
| Choose an item. | Click or tap to enter a date. |       |       |       |  |
| Choose an item. | Click or tap to enter a date. |       |       |       |  |
| Choose an item. | Click or tap to enter a date. |       |       |       |  |
| Choose an item. | Click or tap to enter a date. |       |       |       |  |
| **Programme contact(s)*** Individual(s) who have professional oversight at a programme level
* We will work with these contacts in relation to professional matters, and keep them informed of matters of quality related to the programme or professional level
 |
| **Name** | **Job title** | **Email address** | **Phone number** |
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### Programme 4

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Award title leading to registration**  |       | **Part of Register** | **Entitlement** | **Qualification** | **Total number of learner per year** | **Internal quality monitoring month** |
| Choose an item. | Choose an item. Choose an item. | Choose an item. |       | Choose an item. |
| **Modes of study** | **Proposed first intake** | **Programme duration** (in months) | **Proposed cohort size** (mode of study) | **Number of cohorts per year** | **Internal programme reference code** |
| Choose an item. | Click or tap to enter a date. |       |       |       |  |
| Choose an item. | Click or tap to enter a date. |       |       |       |  |
| Choose an item. | Click or tap to enter a date. |       |       |       |  |
| Choose an item. | Click or tap to enter a date. |       |       |       |  |
| **Programme contact(s)*** Individual(s) who have professional oversight at a programme level
* We will work with these contacts in relation to professional matters, and keep them informed of matters of quality related to the programme or professional level
 |
| **Name** | **Job title** | **Email address** | **Phone number** |
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### Programme 5

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Award title leading to registration**  |       | **Part of Register** | **Entitlement** | **Qualification** | **Total number of learner per year** | **Internal quality monitoring month** |
| Choose an item. | Choose an item. Choose an item. | Choose an item. |       | Choose an item. |
| **Modes of study** | **Proposed first intake** | **Programme duration** (in months) | **Proposed cohort size** (mode of study) | **Number of cohorts per year** | **Internal programme reference code** |
| Choose an item. | Click or tap to enter a date. |       |       |       |  |
| Choose an item. | Click or tap to enter a date. |       |       |       |  |
| Choose an item. | Click or tap to enter a date. |       |       |       |  |
| Choose an item. | Click or tap to enter a date. |       |       |       |  |
| **Programme contact(s)*** Individual(s) who have professional oversight at a programme level
* We will work with these contacts in relation to professional matters, and keep them informed of matters of quality related to the programme or professional level
 |
| **Name** | **Job title** | **Email address** | **Phone number** |
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## Section 4 – Details of the approval request

|  |  |
| --- | --- |
| **Other organisations involved in quality assurance of the programme(s)**Eg professional body, internal validation |       |
| **What key dates are you working to?**To help our process dovetail with any other quality assurance and enhancement process, please list key dates here. These may include dates for assessment by professional bodies, when you plan to advertise your provision, expectations of commissioning organisations, or any other key dates which you think will help us plan a smooth process. Please note if these dates are final or proposed |       |
| **When will programme documentation be ready to assess by the HCPC?**When will you have completed a final draft version of the programme, which you can present to the HCPC for consideration against standards? | Click or tap to enter a date. |

## Section 5 – Details regarding the development of your programme(s)

Please answer the following questions as fully as you can. We will use this information to consider whether your proposal is ready to undertake our approval process, and to consider the support and advice that we will be able to provide.

|  |
| --- |
| **Strategy and governance** |
| What is the overall rationale for the programme(s) (ie what is the driver for running the programme(s)?) |       |
| How will the programme(s) be funded to ensure sustainability? |       |
| Who are the programme(s) marketed to (ie who will the learners be)? |       |
| If there are any other organisations with overall responsibility for the delivery of any element(s) of the programme(s), please specify the organisations and the areas they will be responsible for. |       |
| How will the approval of the programme(s) affect other programmes (HCPC approved, or otherwise) at the provider, or otherwise? |       |
| **Programme design and delivery** |
| Please detail how you intend the programme(s) to be delivered (eg modular structure, integration of theory and practice, delivery method(s)) |       |
| At what stage of development are the following areas? |
| * Admissions processes and requirements
 |       |
| * Curriculum, and assessment strategy and design
 |       |
| * Practice-based learning
 |       |
| * Quality assurance arrangements for the programme(s), including the practice-based learning
 |       |
| **Practice-based learning** |
| Which practice-based learning partners will you be working with, and how formal are your arrangements with these institutions? |       |
| What range of experiences will you offer to support the delivery of the learning outcomes? |  |
| How will these institutions offer the full range of experience required to support learners? |       |
| **Resources** |
| Please detail your expected resources in the following areas: |
| * Staff involved with delivery and management of the programme
 |       |
| * Physical resources, including any specialist teaching space
 |       |
| How will you ensure that resources to support the programme will be in place for your intended start date? |       |
| When will these resources be in place? |  |

## Section 6 – How we will handle the data you provide

|  |
| --- |
| **Please sign electronically below to acknowledge you have read and understood this information** |
| 1. I confirm that all information in this form, including the nomination of key contacts and the programme records audit, is correct and has been agreed within my education provider.
2. By completing the above information, you acknowledge that the HCPC may contact these individuals regarding quality assurance activities, and with other information about our processes, including our regular update newsletter. We request and handle any personal data received in accordance with our [Data and Terms of Use Policy](http://www.hcpc-uk.org/aboutus/terms/).
3. Our quality assurance activity is dealt with as public business by the HCPC’s Education and Training Committee. Therefore, you should expect details of this request to be in the public domain. If asked, the HCPC will only provide factually accurate statements about a programme (eg that it is or is not approved).
4. At relevant points, we will actively share information from quality assurance activities with other relevant organisations with an interest in the quality of education and training, including, but not limited to, professional and commissioning bodies/ We will share information such as new approval requests
5. The HCPC is subject to the Freedom of Information Act 2000 (FOIA), which provides a general right of public access to recorded information held by public authorities. The information which we may be required to make available under FOIA includes correspondence and other information about our quality assurance activity. If you indicate that information is provided in confidence, we will take that into account in dealing with any request for disclosure of that information, but cannot give an assurance that confidentiality will be maintained in all circumstances. A statutory Code of Practice under FOIA deals with confidentiality obligations and we must comply with that Code. We do not regard confidentiality disclaimers which are automatically generated by IT systems as binding on the HCPC.
 |
| **Name and job title** |       | **Date** | Click or tap to enter a date. |

## Section 7 – Further guidance on required information

**Name of education provider**

The institution that maintains overall responsibility for the delivery of the programme. This includes management of admission procedures, programme resources, all aspects of the curriculum, practice placements, and assessment. We do not set requirements on who the education provider must be, but we expect them to be able to demonstrate how our standards are met.

**Name of awarding / validating body**

The name of the body that awards the qualification. Only complete if different to the education provider stated.

**Award title leading to registration**

The name of the programme award for which you are requesting approval. If you are requesting more than one programme award for approval, please expand additional programme sections, one for each award. You can also use this record additional programme awards for multi-professional requests.

**Mode(s) of study**

The delivery mode of the proposed programme award. You can list multiple modes of study for each award. Each mode of study listed will create a separate programme record with the HCPC. Please choose from one of the six options. If the mode of study that you plan to offer is not listed, please choose the best fit. This information is for our list of approved programmes. You can still refer to the programme using a different mode of study at an institutional level.

**Part of the Register**

The [part of the Register, including modality](http://www.hcpc-uk.org/aboutregistration/professions/) if applicable, for which graduates will be eligible to apply, if the programme is approved.

**Entitlement**

Complete if the programme is intended to lead to lead to an entitlement through further annotation of a registrant’s record.

**Qualification level**

The level of qualification for the programme. If the qualification level that you are offering is not listed, please choose the best fit. This information is for our list of approved programmes. You can refer to the programme using a different qualification level at an institutional level.

**Duration of programme**

The normal duration of the programme, from commencement to graduation recorded in months.

**Proposed first intake date**

The proposed date when the programme will start to run if we grant approval.

**Total number of learner per year, proposed cohort size, and frequency of cohort per mode of study**

The number of learners you expect to undertake the programme leading to the final award each year across of all modes of study. We also want to know how this overall amount and frequency is indicatively split across each mode of study. We will use this information to inform our judgement about whether you have sufficient physical and staff resources in place.

**Internal quality monitoring month**

The month when your institution completes your internal monitoring process and signs it off as completed. We use this information to plan your deadline for interacting with our annual monitoring process, if the programme is approved.

**Internal programme reference code**

This is the unique identifier which you use internally to identify each programme. If you are in higher education, this is the number you supply to the Higher Education Statistics Agency (HESA). Providing this information will help us to link HESA data to our records, reducing burden for you as a provider in data supply