Application Form (APP-FRM) – Completion Guidance

APP-FRM/CG v1.0

This document includes guidance and tips to help you complete the *Application Form – Application for qualification approval (APP-FRM)* and the overarching application submission.

**IMPORTANT:** Please do **not** complete the application form if

* you are an approved GOC provider / awarding organisation (AO) seeking to adapt an existing qualification or
* are a provider seeking to become a centre of an approved GOC provider / AO (see section 2.5 for further information and the correct forms to complete). Please note: **if you are seeking to become a centre of an approved AO; you cannot apply for approval with the GOC and should contact the AO directly to enquire about delivering a GOC approved qualification.**
* The APP-FRM should be completed with reference to the relevant ‘**Requirements**’, the accompanying **Evidence Framework**, and the Templates Library for each respective profession.
* Check that you have completed ***all*** questions in **section one – Provider / Awarding Organisation details** and ***all relevant*** questions (pertaining to the application stage you are submitting for) in **section two – qualification details**. If information is not yet available, please indicate when it is expected to ready for submission.
* Use **section three – information required for each stage of your application** to guide you with what evidence and templates need to be completed for each profession/subject area(s) that you are proposing to include in this application.
* Use the relevant **Templates Library** as a guide of which specific templates to complete.
* Evidence and templates should be submitted as separate documents which are clearly labelled and signposted. Submissions should be uploaded electronically into a SharePoint folder provided to you by the Education Team.
* Once you have finished uploading your submission, please contact the Education Team to confirm it is complete. **Triage of the documentation will not begin before this has been received.**
* This form must be submitted for each stage of the application and approval process, as described in ‘**Section three:** **Quality Assurance and Enhancement Method’ of our requirements** including the relevant templates as listed in **section two**.
* Should your plans or timelines for application change, a revised form must be submitted. You will also have the opportunity to add or amend evidence to your submission if necessary.
* Complete and sign the **declaration** at the end of the APP-FRM form.
* Should you have any questions or wish to discuss your proposals, please contact the GOC’s Education team at education@optical.org for more information or to arrange a meeting at a mutually convenient date.
* **Please note – you may be required to submit further information at any stage of the application process, including a full set of submission templates or any other information required for us to assess your application.**

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| **Section one** – Provider / Awarding Organisation details |
| 1.11.21.3 | **Provider / AO name and address**Give the full name and address of the GOC approved provider / AO, this should be the primary location/campus or head office. **Correspondence address**Provide the address any correspondence should be directed to (if different from the address in 1.2). |
| 1.41.51.61.71.8 | **Name of the first point of contact (inc. title and contact details)**Give the name of the person dealing with the application and their contact details. This should be the main and first point of contact for the GOC, we will contact this person if we have any queries or need to request additional information.  This person may differ to the decision maker/person who signs the declaration.  |
| 1.91.101.111.121.131.14 | **Additional contacts (inc. name, title and contact details)**Give details of as many additional contacts as you deem necessary.   This section may not be required but we would expect you to use it to provide us with details of any additional colleague(s) that you wish us to maintain communications with throughout your application process, any colleagues named will be copied into all application communications.  Copy and paste the table provided as many times as required.   |
| **Section two** – Qualification details |
| 2.1 | **Proposed qualification title**Please give the full title of the qualification you wish to deliver, this should be how it will appear officially, i.e., on your website/prospectus, UCAS and how you wish us to display the qualification on our register and website. |
| 2.2 | **Profession/s**Your qualification may be incorporating more than one profession, if this is the case, we will need to know which profession(s) the single qualification will include. |
| 2.3 | **Does this submission incorporate more than one GOC approved qualification?**Your application may incorporate more than one GOC approved qualification, if this is the case, we will need to know which GOC approved qualifications or exit awards will be included. (E.g., a joint Optometry IP programme may an optometry qualification as an exit award as well as leading to an optometry IP qualification.) |
| 2.4 | **Qualification level**Please indicate what level your proposed qualification will be set at and specify which regional framework this falls under. **The standards state:** The approved qualification must be listed on one of the national frameworks for higher education qualifications for UK degree awarding bodies (The Framework for Higher Education Qualifications of Degree-Awarding Bodies in England, Wales and Northern Ireland (FHEQ) and the Framework for Qualifications of Higher Education Institutions in Scotland (FQHEIS)), or be a qualification regulated by Ofqual, SQA or Qualifications Wales. * Approved qualifications in optometry must be at a minimum RQF, FHEQ or Credit and Qualifications Framework Wales (CQFW) level 7 or Scottish Credit and Qualifications Framework (SCQF) / FQHEIS level 11. (Standard 3.12)
* Approved qualifications in dispensing optics must be at a minimum RQF, FHEQ or CQFW level 6 or SCQF/FQHEIS level 10 (Standard 3.12).
* Approved qualifications for specialist entry to the GOC register (AS, SP and/or IP) must be at a minimum RQF, FHEQ or Credit and Qualifications Framework Wales (CQFW) level 7 or Scottish Credit and Qualifications Framework (SCQF) / FQHEIS level 11 (Standard 3.10).
* Approved qualifications leading to specialist entry to the GOC register as a contact lens optician must be at a minimum Regulated Qualification Framework (RQF), FHEQ or Credit and Qualifications Framework Wales (CQFW) level 6 or Scottish Credit and Qualifications Framework (SCQF) / FQHEIS level 10 (Standard 3.11). Which level and regional framework the qualification will follow.
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| 2.5 | **Type of provider** Please select which type of provider you will become. Please see guidance for sections 2.5a-2.5c for definitions.Please note:* If you are an existing provider or awarding organisation (AO) looking to adapt an existing qualification, you should complete the [adaptation form](https://optical.org/etr/) (ADP-FRM).
* If you are an existing provider seeking approval for a new qualification, the APP-FRM should be completed for the new qualification and the [declaration of closure form](https://optical.org/etr/) (DCN-FRM) should be completed for each qualification that will be closed as a result of the new qualification.
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| 2.5a | **Provider**This type of provider may work completely independently or may utilise other organisations or stakeholders (such as NHS groups, professional bodies, commercial entities) to contribute to aspects of the delivery on the course, but this provider remains the entity solely responsible for the entire route to registration. A provider may have ‘sub sites’ or multiple campuses which are part of the same entity and deliver the qualification as a ‘duplicate’ of the primary site. Additional sites or campuses have no autonomy over the design, delivery, or quality assurance of the qualification. |
| 2.5b | **Awarding Organisation (AO)**This type of provider designs and develops qualifications to be delivered by themselves or via independent entities. Independent entities choosing to deliver the AO’s qualification will have the freedom to deliver the qualification however they see fit provided they meet the AO’s regulations. The AO will be responsible to the GOC, ensuring that its own qualification meets the GOC requirements as well as having responsibility for each of its centres. The AO will need to have adequate mechanisms in place to satisfy itself and the GOC that each of its centres meets its own and the GOCs requirements. The AO has the responsibility for the entire route to GOC registration including the management of compliance of centres delivering the AOs qualification(s). |
| 2.5c | **Partnering Provider**This option is for providers who are jointly delivering a qualification. Which aspects are delivered by which provider are pre-agreed. The route to registration is shared jointly and both entities are responsible for meeting the GOC requirements. The GOC will need details of both entities and the lines of communication to be clear so that we can ensure both/all parties are kept informed.Please provide a few sentences in the text box to describe who you will be partnering with and what the structure will be. Full commentary can later be included in your evidence submission and referenced here.   |
| 2.6 | **Stage**Please indicate which stage or stages of the application and approval process described in our Quality Assurance and Enhancement Methods (QAEM) section (section three) of the [requirements](https://optical.org/etr/) you have submitted.**Please note:** more than one stage can be submitted at once, but please do make this clear within your submission. |
| 2.7 | **Significant Milestones**To help us understand the timescales for your application, please list your key milestones and dates. Please indicate whether you require GOC approval prior to the event taking place and use the ‘additional notes’ box context or further explanation be required. |
| 2.8 | **For awarding organisations only**Please list the name(s) and addresses of all providers who will become one of your centres and where the qualification will be delivered.   Copy and paste the table provided as many times as required.  |
| 2.9  | **For providers using multiple campuses, or satellite sites\* only** Please list the name(s) and addresses of all sites where the qualification will be delivered. Copy and paste the table provided as many times as required. \*campuses / sub or satellite sites is a site that belongs to or is directly affiliated with the provider, i.e., not a provider who is acting on behalf of or in partnership with (see definition for ‘Provider’ in section 2.5a).  |
| 2.10 | **Planned cohort information** Please tell us about your plans for number of cohorts, cohort size and date of entry for your proposed qualification plans. |
| 2.11 | **Key risks relating to the qualification application** Please tell us about the key risks you’ve identified in your application and your plans for mitigation and/or control (or attach a risk register to your application submission).If not attaching a risk register, please copy and paste the table provided as many times as required to identify as many risks necessary. |
| 2.12 | **Proposed contingency plans**Please tell us about your contingency plans should the application fail, is delayed or the qualification does not succeed in gaining overall approval. |
| **Section three** – Application stages and evidence submission |
| **You do not need to complete this part of the form.** Section three of the form provides you with details of what documentation you need to submit for each profession and at each stage of the approval process. Please note that the templates and the level of detail differs at each stage, you should pay particular attention to the standards requested at each stage because additional evidence for standards not requested may not be included in our review. If you are unsure about what to include, please contact the education team for clarification.  |
| 3.1  | **Stage one: Initial proposal for the proposed qualification**Stage one will explore the strategic intent for the proposed qualification, the rationale for its design, its proposed approach to integration and resourcing, the provider’s corporate form and management, and how the views of stakeholders, including patients, service-users, employers, commissioners and the public will inform the development, teaching and assessment of the proposed qualification, the draft business case and an outline of the investment necessary to ensure its success, and identification of key risks. |
| 3.2 | **Stage two: Qualification design & resourcing**Stage two will examine the proposed qualification design and its resourcing in more depth (including, for applications stratified as medium or higher risk, investment in key appointments and infrastructure made between stage one and stage two). |
| 3.3 | **Stage three: Readiness to recruit as an “approved training establishment”**Stage three will assess the readiness of the provider to begin recruiting students as an ‘approved training establishment’ under section 8A(2) of the Act.[[1]](#footnote-2) |
| 3.4 | **Stage four: To be repeated each year until first cohort graduates**Stage four is repeated each year until the first cohort of students, or students migrated across into the programme, reach the final year’s study. |
| 3.5 | **Stage five: First graduating cohort**Stage five considers a qualification’s ability to evidence their meeting of the outcomes and standards at the point of the final graduating cohort. |
| **Section four** – Declaration |
| 4.14.24.34.44.5 | **Name of the responsible person (inc. title and contact details)**Please provide the details of the individual responsible for authorising the application submission. This should be completed regardless of whether the individual is the same or different as that listed as first point of contact in section 1.7. |
| 4.6 | **Date of submission**The person with authority to authorise the application submission should sign and date the form when it is ready to be submitted. Please note, your application **will not progress** until this box has been completed. |

1. [Opticians Act 1989 (legislation.gov.uk)](https://www.legislation.gov.uk/ukpga/1989/44/contents) [↑](#footnote-ref-2)