

## **RQF** Registration Threshold Monitoring

As part of the enhanced Quality Assurance model developed to support the effective delivery of RQF Higher Nationals, all registration figures are monitored against those agreed upon at the time of approval for each qualification. To encourage manageable growth an additional 50% increase to the agreed figure is automatically added to the approved number (subject to any quality concerns) submitted via new application or RQF Declaration form.

## We will contact providers at the following times:

- 1. If a provider reaches 30% of the agreed additional 50% growth, we will get in touch and recommend that the provider reviews their registration threshold to see if it is line with their plans for manageable growth. No action is required at this stage unless the provider would like to seek an increase to the agreed maximum number of registrations.
- 2. If a provider exceeds the 50% growth rate, we will contact the provider to advise them of this and that there is a risk that a suspension of registrations will be put in place. The provider will be given an opportunity to make a request to increase their maximum number of registrations, but no further registrations will be permitted without confirmation that the number has been increased.

Registration thresholds are agreed in line with the resources available for the delivery of the RQF Higher Nationals. When agreeing a threshold, a provider's previous registration history and quality profile are taken into consideration. We reserve the right not to approve a registration increase request that does not appropriately demonstrate an ability to manage the growth effectively, whilst maintaining the quality of the student experience.

Providers can submit a Higher Nationals Registration Increase Request Form at any point to HNQA@perason.com. All requests should be supported by relevant evidence.

# Higher Nationals Registration Increase Request Form

This form has been designed to be completed electronically, please type the information into the blank cells. If necessary, please complete by hand and scan to create an electronic version before submission to <a href="https://hnqa@pearson.com">hnqa@pearson.com</a>.

#### **Section 1: Centre details**

Centre name	
Centre number	Website
Address 1	
Address 2	
Address 3	
City / Town / Area	
Post Code/ Area Code	Country

## **Section 2: Qualification details**

If required, please complete a separate form for any other HN qualifications that require additional registrations.

Qualification name			
Qualification number		Mode(s) of delivery	
Current registration cap (How many students are you approved to register currently)		Registration cap required. (How many students do you want to register in the future on a yearly basis)	
Current Yearly Registrations		Updated Yearly Registration	

#### Section 3: Quality assurance approval criteria

Please provide an indication as to why this increase is required either now, or in the future. For example, this could cover any initiatives that have been undertaken to increase recruitment, any change in policy at the centre or what may be influencing future planning for an increase.

Reason for the increase		

## **Section 4: Quality assurance approval criteria**

Please provide an outline of the evidence that is available to demonstrate how the stated approval criteria is met and what will change to ensure that it continues to be met after the number of students increases. This evidence could be the same, or similar, to the evidence that you provided in your last academic management review (AMR). Additional appendices can be attached and sent with this form when submitted to <a href="https://hnga@pearson.com">hnga@pearson.com</a>.

Human resource			
3.2	Centre is committed to employ, train and support a sufficient number of appropriately qualified staff to ensure appropriate management, delivery, assessment and quality assurance		
Evidence that this criteria continues to be met:			
3.2.3	Trainers/Assessors/Internal Verifiers hold the relevant qualifications to deliver units/ qualifications as stated by either the programme specification or standards setting body		
Evidence that this criteria continues to be met:			

Physical resource					
3.3	The centre has a healthy and safe w detailed above	re has a healthy and safe working environment for students undertaking the qualification above			
Evidend	Evidence that this criteria continues to be met:				
3.3.1	There is sufficient access to resources available for the additional students undertaking the qualification				
Evidend	ce that this criteria continues to be met:	·. ·			
Section	5: Details of person completing thi	nis application form			
Name		Role			
Email		Telephone no.			
(please	Signature (please type name if completing electronically)				
Date					

Once completed please email this form to <a href="mailto:hnqa@pearson.com">hnqa@pearson.com</a>.

## **Section 6: Decision - FOR OFFICE USE ONLY**

This section is to be completed by Pearson staff only, please do not complete as part of the application for an increase in registration cap numbers.

Recommendation regarding the increase in registration cap		
Recommendation:		
Person making recommendation:		
Evidence:		
Decision regarding the increase in registra	ation cap	
Date of Risk Management Meeting:		
Decision:		
Reason:		
Action as a result of decision:		