**Application for QA Approval**

**Fee Cover Note**

**Provider Name:**

**Contact Name:** **Email:**

**Application for** (please tick one option below):

Initial Access to Validation: Reengagement: Blended Learning QA Approval:

**Scope of provision (IAV and Reengagement Applications only)**

Please list the programmes you plan to include in your scope of provision (for initial access) or the programmes already validated by QQI (for reengagement).

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| **Programme Title** | **Award Class**Major, SP, Minor | **Validated by QQI?** (Yes/ No) |
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**PEL: (please tick the appropriate box)** required not required

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**Fee considered due: P.O. Number**

**Date of Application:**

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| **QQI Office use only**Project Code: Account Code: PI Code: €Total amount due: Invoice #:­­­­­­­­­­­­­­­­ Approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­­­­­­ ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_QA Approval TeamFinance - Authorised by: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Finance – Sent by: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |