

**Application for an Honorary Qualification**

**To the Director of the Qualification Division NISQ**

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| NISQ Approved Centre Details | Name –NISQ Registration Number –Address –Governing Body /Director /Qualification Coordinator – Making the Application for an Honorary Qualification:Name –Position within NISQ Approved Centre – | Supplied Yes/No |
| Learner Details | Name –Unique Learner identification Number –Address –Learners named Representative - |  |
| NISQ Regulated Qualification Details | Title of NISQ Regulated Qualification Registered For – NISQ Regulated Qualification Identification Number – Modules Completed – TitlesUnits Completed – TitlesAssessments Completed – Learning Outcomes Completed – |  |
| Explanation for Request | Provide Details for Applying for an Honorary Qualification on behalf of the Learner –(See NISQ D11 for Guidance) |  |
| Supporting Documentation | List and Attach Documentation to support the application:1.
2.
3.
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| Statement from the NISQ Approved Centre Governing Body or their Representative (Qualification Coordinator) | This can be a supporting statement, outlining details of the circumstances - |  |
| Declaration | As the Governing Body of the named NISQ Approved Centre or their representative I hereby in writing confirm the information I have submitted is true and factually correct and is appropriate in order to support an application for an NISQ Honorary Qualification for the named Learner, who due to circumstances beyond their control cannot complete the named Qualification.Signature –Name –Date - |  |
| NISQ Approval Panel Outcome | The approval panel on behalf of the Governing Body of NISQ have Approved this application for the awarding of a Honorary Qualification to the named Learner. Signed –Name -Member of the Approval Panel/position –Date - |  |
| NISQ Approval Panel Outcome | The Approval panel on behalf of the Governing Body of NISQ has rejected this application for the awarding of an Honorary Qualification to the named Learner –Explanation for Rejection –The application does not fit the criteria set out in NISQ D11 for the Awarding of Honorary Qualification –The Panel Require more information/evidence – see action plan - Signed –Name -Member of the Approval Panel/position –Date - |  |
| Action Plan if Required | Approval Panel require more information to process this application – Namely - Suggested Action Plan – resubmit the application – Signed –Name -Member of the Approval Panel/position –Date - |  |

**No Charge**