



**Application Form for Accredited Training Provider (ATP) status
to deliver training for the Islamic Finance Qualification (IFQ) of the IFQ
Institute (a partnership between SII and ESA)**

In Strict Confidence

The form that follows is in sections:

Administration & Accountability

Course Details & Delivery of Training

Learning Resources & Learning Support

Staffing & Tutor Provision

Staffing & Tutor Development

Continuous Evaluation and Improvement

Complaints Procedures

Any other Information

Please remember to make a copy of this submission for your own files and return this completed form to:

**Richard Clifford
Head of Accreditation
Securities and Investment Institute
Centurion House
24 Monument Street
London
EC3R 8AQ**

You will receive a response within 10 working days of receipt detailing the next stage of the application process, which may be arrangements for an approval visit.



A Administration and Accountability

Please read the accompanying information, including the Guidance Notes and the IFQ Question & Answer information sheet, carefully before completing this application and sending in the attachments.

1. **Name of Centre:** _____
(Training Provider)
2. **Address of Centre:** _____

If there is more than one address used to deliver public training courses, please list them all here or in an appendix. (There is no need to list in-house centres)

Address: _____

3. **Name of person dealing with application and job title:** _____



4. Telephone Number: _____

Fax Number: _____

Email: _____

Is the organisation regulated with any government organisation in the country where it operates. If yes, please supply details: _____

Please confirm that this application has been considered and approved by:

5. Managing Director: _____ Signature: _____
or equivalent Executive Director

Date: _____

6. Chairman or _____ Signature: _____
equivalent: _____

Date: _____



**SECURITIES &
INVESTMENT
INSTITUTE**



7. Do you wish to make direct bookings for candidates entering the Islamic Finance Qualification

(Yes/No) _____

IF YES, PLEASE PROVIDE ADDITIONAL INFORMATION AS FOLLOWS AND REFER TO THE GUIDANCE NOTES:

Name of administrator who will retain and manage records including email and telephone contact details. (Centre Co-ordinator)

An Operations Manual produced by the SII is available which indicates the records which providers will be required to hold if they wish to make direct bookings.

8. Do you believe that you will be able to hold these records securely and accurately, meeting the requirements of relevant Law for Data Protection:

(Yes/No) _____



9. If approved, please describe how you will promote the Islamic Finance Qualification.

10. How many candidates are expected to be prepared for Securities & Investment Institute qualification examination in the next 12 months.

11. Please provide details of who is responsible for Quality Assurance at your centre.

Name: _____
(CAPITALS)

Position: _____
(CAPITALS)



B. Course Details and Delivery of Training

1. How do you plan to offer the Course (please tick as appropriate)?

- a) Full-time
- b) Part-time day
- c) Part-time day and evening
- d) Part-time evenings only
- e) Intensive e.g. weekend workshops
- f) On-line delivery
- g) Any other method (please specify)

2. Please provide details of maximum Tutor/Candidate ratio if course is delivered to groups:

3. Do you also offer in-house training for clients?

(Yes/No) _____



4. Please give any further information or details if you wish.

5. Formative Assessment is vital and ultimately measured through the IFQ Institute examination. Please give example of each method used to prepare candidates for the examination e.g. homework, assignments, revision tasks, mock examination. Please attach any examples.



C. Learning Resources and Learning Support

1. Please indicate how you support candidates preparing for the Islamic Finance qualification:

- On-line learning resources and support
- Workbooks (please specify which publisher you use)
- Textbooks
- Other (please specify)

2. Do you make any other study facilities available e.g. library/quiet rooms, if so, please describe.

3. Accredited Providers may, if they wish, submit their training materials for review by nominee(s) of the IFQ Institute; if these are satisfactory, they can carry a published statement on the training materials that they have been approved by S.I. for use in preparing candidates. Please indicate if you may wish to use this service, for which a fee will be payable.

(Yes/No) _____



D. Staffing and Tutoring Provision

Please refer to the Guidance Notes and enclose the appropriate attachments (A full CV for each tutor must be enclosed).

1. Please list all tutoring staff, identifying any part time Associates. Please indicate the subjects/qualification they tutor. You may list tutors on a separate appendix if you prefer.

Name	S.I Membership Status	Subject taught

2. Please outline the procedures for the recruitment and support of tutors.

Recruitment procedure	Support



3. What are your contingency plans in the event of tutor illness or unexpected absence?



E. Staff and Tutor Development

1. Please describe how you will prepare your tutors for possible changes in assessment methods.

2. Please provide examples of relevant staff development activities within your centre over the last twelve months.

Name	Activity	Duration	Date



3. Please indicate how you communicate to tutors any changes in IFQ Institute examination regulations, syllabus reviews, and policies on trainer sittings etc. Please indicate how you also communicate these matters to candidates and their employers.

4. If your application is successful, the Centre will need to be represented at IFQ Institute workshops and will be expected to contribute to the exemplar paper and syllabus review, and other developments. In addition, the Centre needs to encourage tutors to seek Securities & Investment Institute membership to underpin commitment to the core values of the Institute of professionalism and integrity.

Please indicate with a signature the provider's commitment to staff development.

Name: _____ Signature: _____

Position: _____



F. Continuous Evaluation and Improvement

1. Please indicate how you evaluate your training courses (please tick as appropriate). Where available, please enclose examples of course evaluation forms as an attachment to this form.

	Public Courses	In-House Courses
a) No formal evaluation carried out after training	<input type="checkbox"/>	<input type="checkbox"/>
b) Evaluation forms completed after training and collected on completion of course	<input type="checkbox"/>	<input type="checkbox"/>
c) Evaluation forms completed after training and returned by post	<input type="checkbox"/>	<input type="checkbox"/>
d) Evaluation forms sent electronically after the course	<input type="checkbox"/>	<input type="checkbox"/>
e) Evaluation carried out by telephone following the course	<input type="checkbox"/>	<input type="checkbox"/>
f) Other (please specify)		

2. Please explain why you have chosen the method of course evaluation stated above.

3. Please explain how the information collected from the evaluation process is used for continuous improvement of your training courses.



H. Any other information

Please mention any other features of your Accredited Centre, which you would like to bring to our attention. For example this may range from catering facilities to newsletters. Please refer to anything which you believe to be critical to our understanding of your centre and which has not been covered on the form elsewhere.

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Please note attachments required are:

- i) Your current prospectus(es) for each of the programmes you provide training for
- ii) Your Customer Service Statement and/or complaints procedure
- iii) Examples of how you monitor your performance and success rate
- iv) Full CVs for staff it is proposed will deliver the training course.

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We reserve the right to request any further information in respect of your application.