

Guidance on filling in the Expression of Interest form

**National Skills Academy
For Financial Services (NSAFS)**

TRAINING PROVIDER: EXPRESSION OF INTEREST

Contact Details

Name: *Name of person responsible for taking forward the relationship with the National Skills Academy for Financial Services (NSAFS)*

Organisation:

Title:

Phone number:

Email Address:

I am interested in becoming a training provider for the NSAFS in (specify region)
The regions in which NSAFS are currently active are listed on the NSAFS website
www.nsafs.co.uk

Please complete the background information sheet overleaf

Background Information: Training Provider Expression of Interest

<p>Date of Last Inspection <i>This refers to the latest OFSTED inspection. If this does not apply to your organisation, please mark not applicable and briefly explain why you are not subject to inspection</i></p>		
<p>Leadership and management grade <i>This applies to the OFSTED inspection grade. If your organisation is not subject to OFSTED inspection, please offer supporting evidence of quality assurance e.g. Investors in People or similar accreditation</i></p>		
<p>Grade for business, admin management and professional (if graded) <i>This applies to the OFSTED inspection grade. If your organisation is not subject to OFSTED inspection, please offer other evidence of quality of provision, this could include case studies, repeat business and the like</i></p>		
<p>Latest Success rates for business, admin management and professional <i>List business administration, management and</i></p>	<p>Year:</p>	<p>Success rate</p>



<p><i>professional qualifications which your organisation offers with dates offered and success rates (pass rates) achieved</i></p>		
<p>Range of current provision in business, admin management and professional. Please indicate which courses you deliver directly and any that are delivered in partnership with other organisations <i>List business administration, management and professional courses which are part of your curriculum offer, show whether you deliver them directly or in partnership with other organisations, e.g. you may deliver the NVQ content of an apprenticeship but outsource the delivery of the technical certificate qualification to another organisation.</i> <i>If you deliver courses in partnership, please list the delivery partner(s) for each course</i></p>		
<p>Current courses in financial services (not accountancy). Again, please indicate if these are delivered directly or in partnership. <i>Please list any courses specifically in financial services, i.e. banking, insurance, etc</i> <i>If you deliver courses in partnership, please list the delivery partner(s) for each course</i></p>	<p>Course</p>	<p>Learner numbers</p>
<p>Quality marks in relevant areas, including when awarded <i>List all relevant quality marks or externally evaluated quality assurance accreditations such as TQS Part A; TQS Part B; FSSC accredited training provider (no longer available); Investors in People, accreditation by individual awarding bodies and professional bodies</i></p>		
<p>Training Quality Standard <i>Since 1 April 2009 it has been a requirement that providers who are not FSSC accredited have achieved TQS Part A prior to becoming a NSAFS training provider</i> Date Part A awarded <i>Please state the date TQS Part A was awarded or if currently going through the process, when you expect to achieve Part A</i> Part B accreditation if any type and date <i>Please list any TQS Part B accreditation, the important ones for this application are financial services and accountancy</i></p>		
<p>Details of your relationships with Financial Services employers and provision for them <i>List any Financial Services employers to whom you offer training intervention, including non financial services training such as customer services courses, leadership & management courses, functional skills, employability skills etc.</i> <i>For each training intervention, please give the name of the financial services employer</i> <i>You may submit supporting documentation such as case studies, evidence of relationships etc.</i></p>		



<p>TWO employer references <i>Please give TWO employer references, ideally financial services employer, to whom you have delivered training</i> Name, firm, job title and contact details <i>Make sure the contact details are as comprehensive as possible so we can contact them to take up references</i></p>	
<p>Are you focused around a particular niche? If so, provide details <i>Detail if you are a specialist in any particular area such as financial advice, mortgages, general or specific insurance, life assurance, pensions, retail banking, investment administration etc.</i></p>	
<p>Do you have an equality and diversity policy?</p>	
<p>(If appropriate) Reasons for wishing to become the NSAFS Lead training provider and relevant experience <i>This is your chance to convince the NSAFS that what you are offering is relevant to the overall offer of the NSAFS and meets the NSAFS vision to ensure that the UK has a better educated financial services workforce. The NSAFS aims to do this by providing training that leads to well qualified new entrants to the industry, up-skilling of the existing workforce and encouraging better financial capability in the population as a whole. Lead training providers take the lead in each regions and lead on bringing the all training providers together to create a regional or local training offer which meet local or regional need</i></p>	
<p>(If appropriate) Reasons for wishing to become the NSAFS training provider and relevant experience <i>This is your chance to convince the NSAFS that what you are offering is relevant to the overall offer of the NSAFS and meets the NSAFS vision to ensure that the UK has a better educated financial services workforce. The NSAFS aims to do this by providing training that leads to well qualified new entrants to the industry, up-skilling of the existing workforce and encouraging better financial capability in the population as a whole. Please give details of how your offer will strengthen the overall NSAFS offer to financial services employers in your region or area</i></p>	



<p>Please give details of any other information that might be relevant, eg. future arrangements for delivery</p> <p><i>Please give information of any plans for new provisions, partnerships under development, accreditation applied for but not yet granted and any other information you feel may support your application</i></p>	
<p>Signature of the Head of the Institution</p> <p>Name</p> <p>Date</p>	

Please return this form electronically to: info@nsafs.co.uk

And send a hard copy to:
Sylvia Perrins
National Skills Academy
2 Finch Lane
London
EC3V 3NA

