

LCM Centre Registration Application Form

Organisations wishing to become a recognised LCM Centre can apply online using the following interactive online Registration Application Form.

1.1 Your Organisat	ion Details
Establishment Name	
	Please tick in the appropriate box
Establishment Type	Further Education College
	Higher Education
	Organisation University or
	Private Training
	Provider NGO
	Overseas College or Education
	Provider Employer Organisation
Address Line 1	
Address Line 2	
Address Line 3	
Address Line 4	
City	
Post Code	
Country	
Telephone No	
Fax No	

Page | 1



Email Address	
Website Address	
Head of Centre	

2.1 Details of Accountable Officer for LCM Qualifications

Title	Mr
	Mrs
	Mis
	Dr
	Other; Please specify:
Surname	
First Name(s)	
Job Title	
Email Address	
Telephone No	
Mobile No	

3.1 Details of Your Organisation

Legal Status	Please provide the legal status of your organisation:
	Limited
	Company



	□ Not-for-profit Organisation
	Trust or Charity
	□ Other; If other, please specify:
	Please attach the document with the application.
Legal Requirement	Does the government of your country require education provider to be registered e.g. under specific regulatory or oversight council?
	Yes No
	If yes, provide further details:
	Please note that LCM Affiliation is subject to satisfying LCM by providing proof(s) of all legal requirements.
Other Sites	Do you have any other site?
	Yes No
	If yes, provide full details of the site:
	If you have other site(s) and you intend to offer LCM
	Qualifications there, please make separate application for each site.
Employees	Number of Fulltime Employees:
	Number of Part-time Employees:
Teaching Staff	Number of Teaching Staff to be involved in offering LCM
	Qualifications:
	Please attach the CV's of all teaching staff to be involved in teaching LCM Qualification.
Other Accreditations	Do you have affiliations or accreditation of any other Awarding Body? Yes No
	If yes, please list the bodies along with date of accreditation:



	Has any awarding body ever refused you an application or removed centre approval status?
	Yes No
	If yes, name the body and give reason(s) along with date of refusal
	or removal:
LCM Qualifications	Please list the Qualification(s) which you seek approval for:
Security	What facilities do you have for the security of LCM examination
	material?
Facilities	Please tick the facilities you provide or have for your learners:
	Qualification Specific Resources e.g. qualified teaching staff,
	study materials, and management staff
	Library and/or Online Resources
	Computer Lab with internet
	Printing/Photocopying
	Hand-outs or lecture sheets
	Other; Please specify:



4.1 Details of Promoting LCM Qualifications

Target Group	Who are your target groups to be offered LCM Qualifications?
Proposed Enrolment	How many students do you expect to enrol for LCM Qualifications in one the first one year after your approval?
Declaration of the Applicant	Printing, publication or distribution of any promotional material(s) containing LCM Qualification(s), Name, Trademark or Logo needs prior approval of LCM. By ticking on 'Yes' below, you hereby affirm that you must obtain prior written approval before any promotional printing, publication or distribution of any promotional material(s) containing LCM Qualification(s), Name, Trademark or Logo. Yes No
5.1 Required Documents	

Legal Requirements	Please confirm that your Centre has the following docs in place: Fire Risk Assessment Disability Strategy Health and Safety Policy Data Protection Policy Equal Opportunity Policy Public Liability Insurance
Academic Policies	Please note that the above are required for UK Centres. Non-UK Centres must comply with legal requirements of their own country. However, LCM considers the above as a good practice for them. Fair Assessment Policy Quality Assurance Policy Complaint Procedure Appeal Procedure
	Please note that the above documents and policies should be made



	available at your offices during accreditation visit.
Staff CV's	All CV's of academic and administrative staff, who will be involved
	in offering LCM Qualifications should be made available during
	accreditation visit. Please forward the CV of Accountable officer
	with this application.
Incorporation	Please attach your incorporation certificate or document showing
Certification	legal existence of your organisation with this application.
Declaration	I, the Head of the Centre/Accountable Officer/Principal, hereby declare that the information given above is true to the best of my knowledge. I affirm that if we are approved as a LCM Centre, we will comply with and adhere to the terms and conditions set by the LCM. I also acknowledge that the approval is solely the discretion of LCM authority.
	Your signature:
	Date of application:

Application Checklist:

	Appropriate fee (UK/EU Applicants & Overseas applicants fees may differ)
	Incorporation Certificate/Trade Licence/Document confirming legal existence
	CV and Photo ID of 'Accountable Officer' (for LCM Qualifications)
	Documents listed in 5.1 above (legal and academic policies) available for inspection
ĺ	Application form duly filled in and signed

Completed form should be sent to: London College of Media, West Midlands House, Gipsy Lane, Willenhall, West Midlands, WV13 2HA, United Kingdom by post or to <u>admin@londoncollegeofmedia.com</u> by email

*All payments should be made payable to London College of media