## RSPH_M_4C

**RSPH TRAINING**

## APPLICATION FOR MECC TRAINING PROVIDER APPROVAL

This form should be used *only* if your organisation is based in the **United Kingdom**.

Please note that UK Provider Application Fee of £475 is payable before approval can be given\*.

**Section 1. Provider information**

|  |  |  |
| --- | --- | --- |
| **1.1** | **Name of Provider** |  |
|  | **Address** | *This must be a physical address and not a PO or other letterbox or service for the collection of mail* |
|  | **Postcode** |  |
|  | **Telephone** |  |
|  | **Email** |  |
|  | **Website** |  |
|  |  |  |
| **1.2** | **Contact details** | *Once approved, a Provider would be listed on the RSPH website. Please indicate below the contact details you wish to make publicly available or indicate if you prefer not to be listed on our website* |
|  | **Listing on website** | Does the Provider want to be listed on the RSPH website? **YES  NO** |
|  | **Address / Postcode** |  |
|  | **Telephone** |  |
|  | **Email** |  |
|  | **Provider’s website** |  |
|  |  |  |
| **1.3** | **Type of Organisation** *(delete as appropriate)* | **School / College / Private training provider / Local Government / NHS / Voluntary Organisation / Employer / HM Prison / Other** *(please specify)* |
|  | | |
| **1.4** | **Provider Lead Contact** | *This person is accountable to RSPH for the management and operation of the Provider site and/or the delivery of RSPH training* |
|  | **Name** |  |
|  | **Position in Organisation** |  |
|  | **Telephone** |  |
|  | **Email** |  |
|  | | |
| **1.5** | **Main Provider Administrator** | *This person is responsible for the receipt of certificates, reports, and communications from RSPH. If this is the same person as 1.4, please indicate this below.* |
|  | **Name** |  |
|  | **Position in Organisation** |  |
|  | **Telephone** |  |
|  | **Email** |  |
|  | | |
| **1.6** | **Invoicing address (if different from above)** | |
|  | **Name of Contact** |  |
|  | **Address** |  |
|  |  |  |
|  | **Postcode** |  |
|  | **Telephone** |  |
|  | **Email** |  |
|  | **Purchase Order Number** |  |
|  | | |
| **1.7** | **Provider Staff** |  |
|  | **Trainer(s)** |  |
|  | **Administration** |  |
|  | **Marketing / publicity** |  |
|  | RSPH **must** be informed of any changes to the information provided in the above seven sections | |
| **1.8** | **Why do you want to become an Approved RSPH Training Provider?**  **What is your long-term goal?** |  |
| **1.9** | **Has your organisation ever had an application for approval refused or had/has sanctions imposed by an awarding organisation or by a regulator?**  **Please provide details** |  |

**Section 2. Training and Learners**

|  |  |  |  |
| --- | --- | --- | --- |
| **2.1** | **Which MECC for Mental Health training courses do you wish to deliver?**  *Tick all that apply* | *Making Every Contact Count (MECC) for Mental Health* |  |
| *MECC for Cancer Care* |  |
| *MECC for Stroke Care* |  |
| *MECC for Practice Education Facilitators (PEFs)* |  |
| *MECC for Universities* |  |
| *MECC for Menopause* |  |
| *MECC for Physical Activity* |  |
| **2.2** | **Who are your intended Learners?** |  | |
| **2.3** | **Projected number of learners per training course for the next 12 months** |  | |

**Section 3. Training Provider Requirements**

|  |  |  |  |
| --- | --- | --- | --- |
| In support of your application, evidence for each of the following requirements **must** accompany this form. **The evidence must be provided as a clearly labelled appendix.** | | | |
|  | **Requirement** | **Please state which Appendix contains the supporting evidence** | |
| **3.1** | **Teachers / Tutors / Trainers** |  | |
|  | Please provide evidence that the Provider has sufficient and competent teaching staff to deliver the RSPH training course(s) listed in Section 2.1 above.  You should provide copies of CVs summarising relevant knowledge and experience, including qualifications/ training and/or lived experience. |  | |
| **3.2** | **Training facilities** |  | |
|  | Please provide information about where/how the Training Provider will deliver training, and how the proposed venue will be checked to ensure it is appropriate and accessible. | | |
| **3.3** | **Learner Records** |  | |
|  | Please provide evidence about the Provider’s secure arrangements for the safe keeping of Learner records.  Please provide a copy of the Provider’s privacy policy. |  | |
| **3.6** | **Complaints** |  | |
|  | Please provide evidence that the Provider has a complaints procedure for Learners to access if they are dissatisfied with the administration or quality of the course and/or teaching provision |  | |
| **3.7** | **Equality of Opportunity** |  | |
|  | Please provide evidence that the Provider has a commitment to equality of opportunity for all Learners. |  | |
| **3.8** | **Health and Safety** |  | |
|  | Please provide evidence that the Provider has a commitment to health and safety. |  | |
| **3.9** | **Safeguarding** |  | |
|  | Please provide evidence that the Provider has in place safeguarding procedures and appropriately trained staff |  | |
| **3.10** | **Please tick to confirm:** |  | |
|  | The Training Provider will adhere to quality assurance processes set by RSPH | |  |
|  | The Training Provider will adhere to CPD reporting processes set by RSPH | |  |
|  | The Training Provider will adhere to feedback and evaluation processes set by RSPH | |  |

**Section 4. Declaration**

|  |  |
| --- | --- |
| **I confirm that:**   * **I have the authority on behalf of my organisation to submit this application** * **The information given in this application is correct and complete to the best of my knowledge** * **I understand that RSPH has the right to decline an application without giving reasons for the decision and that there is no right of appeal against approval decisions** | |
| Signed |  |
| Print Name |  |
| Position in Organisation |  |
| Date |  |