



# APPROVED CENTRE CONTACT FORM

Please confirm the correct Key Contact Details for your centre. If any of these details change in the future please inform Awarding Body immediately at the address below.

CENTRE NAME: \_\_\_\_\_ CENTRE NO: \_\_\_\_\_

NAME OF KEY CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

TEL NO/S: \_\_\_\_\_

FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

All course materials for this Approved Centre will be sent addressed to the Key Contact at this address. Please note that course materials may only be sent to the registered Key Contact for the centre.

The declaration below is to be signed and dated by the Approved Centre's key contact only. Every Approved Centre must have a key contact.

## DECLARATION

On behalf of \_\_\_\_\_ I agree to conform to the roles and responsibilities of an Approved Centre Key Contact (As stated in the Approved Centre Guidance Pack).

I also agree to inform the ASA (Awarding Body) of any changes regarding the centres details which may affect the administration or quality of qualifications offered by the ASA.

Name of Key Contact: \_\_\_\_\_

Signature of Key Contact: \_\_\_\_\_

Date: \_\_\_\_\_

Please send this signed declaration via post to:

Jo Thomas  
the asa  
35 Granby Street  
Loughborough  
Leicestershire  
LE11 3DU