



# London Centre of Management International Examining Body 'Recognised Centre' Status Application Form

Colleges/ schools / institutes / academies / universities wishing to provide LCM courses are invited to apply to become a '**Recognised Centre**' for providing one or more LCM courses by completing and returning this form together with any relevant documentation.

Recognised Centre Status is granted to those educational establishments who can satisfy the LCM that they have:

- a) appropriate premises,
- b) an established and defined administrative structure,
- c) qualified and experienced teaching staff - or evidence that appropriate staff can be recruited,
- d) safe storage for examination/assessment material,
- e) E-mail facility at the Centre,
- f) Internet connection facility at the Centre or nearby.

**'Recognised Centre' Status entitles the educational establishment seeking recognition to:**

- a) provide tuition towards selected qualifications of the **London Centre of Management**
- b) act as an Assessment Centre for LCM student assessments.

## IMPORTANT

**ADDITIONAL INFORMATION THAT YOU MUST SEND TO LCM WITH THIS COMPLETED FORM, WITHOUT WHICH LCM WILL BE UNABLE TO PROCESS YOUR APPLICATION.**

**ALL DOCUMENTS MUST BE SCANNED AND SENT BY EMAIL.**

**ALL APPLICATIONS MUST BE MADE ELECTRONICALLY**

1. A copy of a **town map** showing the location of your college.
2. The approximate **population of the town** in which your college is located. \_\_\_\_\_
3. The name of the nearest major city or town to your city/town \_\_\_\_\_
4. The distance your college is from the nearest major city/town (i.e.3 above). \_\_\_\_\_
5. A **recent photograph** of the **outside building** of your college and a recent photograph of one of your **typical classrooms**.
6. Is your college (i) in a private dwelling (ii) a building used solely for educational purposes, or (iii) a building used for commercial purposes? \_\_\_\_\_
7. Provide a reference from your bank manager confirming your college's bank account is in good standing.
8. If your establishment has a website, please provide its address here: \_\_\_\_\_
9. Please also email a scanned copy of your establishment's **prospectus/ information** leaflet when returning this application form with a short letter of introduction on your college's official letter headed paper to:

applications@lcmieb.org.uk

[www.lcmieb.org.uk](http://www.lcmieb.org.uk)

**APPLICATION FORM FOR “RECOGNISED EDUCATIONAL CENTRE” STATUS.**Please complete this form, scan and email to: [applications@lcmieb.org.uk](mailto:applications@lcmieb.org.uk)**INFORMATION ABOUT YOUR COLLEGE**Please complete in **BLOCK CAPITALS** (unless typing):

Name of your School/College/ Institution/Academy, etc

Full Address of teaching premises:

Full postal address for correspondence:

(Your college must have a dedicated e-mail address if it is to be considered for Recognised Centre Status)

Tel No: (including local code)

Fax No:

Country:

e-mail:

Enter another telephone number outside working hours  
On which the Principal/Director can be contacted:

Name and qualifications of Principal or Director of Studies:

1. Is registration with your country’s Ministry/Department of Education required?

Yes/No

Reg No.

Year:

2. If, applicable, quote your Registration Number and year your college was registered.

3. In what year was your college established?

Year:

4. How many square feet/metres is your college?

No. of sq.ft/metres:

5. How many classrooms does your college have?

No. of classrooms:

6. On how many floors is your college?

No. of floors:

7. How many students attend your college?

No. of Students:

8. What is the age range of your current students?

Age Range:

9. Does your college accept students of any nationality?

What courses does your establishment currently offer?

If your establishment is an Examination Centre for any other Examining body, please provide details:

What facilities do you have for the safe storage of examination material?

**Please read the following carefully and then sign below to acknowledge agreement and ensure that all of this form is completed.****We hereby accept that all LCM syllabuses, teaching/learning materials and administrative forms are confidential and we will not knowingly allow such material to be passed to any other organisation. We agree not to use or reproduce by any method any such materials that may be provided to our establishment by LCM for any purpose other than recruiting and teaching students at this establishment who have registered with LCM.****We accept that our Recognised Centre status may be withdrawn if our college provides false information, or commits an act of gross misconduct/negligence with regard to examination procedure.****We accept that our college is responsible for the provision of tuition.****We also accept that our establishment will be responsible for collecting any payments due to LCM from our students and forwarding the same to LCM.****We note and accept that a staff member of LCM or its nominee may visit our college to evaluate the provision of the LCM courses by our staff. We promise to read all information concerning the provision of courses sent by LCM and to abide by any instructions contained therein.****Signed by Principal/Director of Studies:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Your name in block capitals:** \_\_\_\_\_ **Position:** \_\_\_\_\_

Please indicate below which professional qualification courses of the LCM your establishment would be confident to offer initially and when you would wish to commence.

**Please refer to the Course Outline on the LCM website before completing this part of the form at [www.lcmieb.org.uk](http://www.lcmieb.org.uk)**

**Bear in mind that LCM prefers that newly Recognised Centres only commence with 3 full multi-subject courses (i.e. Diploma, Certificate etc.) to ensure the courses are effectively introduced.**

**Once students have been registered for these courses a Centre may add further courses.**

<b>LCM PROFESSIONAL COURSES YOU WOULD LIKE TO OFFER</b> Please list only those 3 LCM courses (Your Centre can also offer individual subjects of the 3 courses i.e., SSAs) you are confident that you can commence with 8 students or more (if examined in English) You may select up to 6 additional separate SSA awards	<b>How many students do you expect to enrol on this course.</b>	<b>MONTH/YEAR OF COMMENCEMENT</b>
If you intend to offer LCM COMPUTER and/or SECRETARIAL COURSES or qualifications, Please list the equipment your Centre has available for the provision of such courses.		
Computer Equipment		
Secretarial Equipment		
1. How many administrative staff do you have at your college?	No. of Administrative Staff:	
2. How many teaching staff do you employ on a full or part-time basis?	No. Full-time Staff	No. Part-time Staff
3. In which areas of expertise i.e. business, computing, hotel management etc. do you feel your college is most competent?		
How many centres (in different locations) does your organisation own?		
<b>Remember to forward any prospectus, catalogues, leaflets or brochures relating to your establishment with this application.</b>		

**YOUR TEACHING STAFF**

Name of your establishment: \_\_\_\_\_

Country of location: \_\_\_\_\_

“Recognised Centre” status is only granted to an educational establishment that can satisfy the LCM’s Academic Board that it has suitably qualified and experienced teaching staff.

When returning the “Recognised Centre” Application form please ensure that you enclose details of all those full or part-time members of staff who would teach on any LCM course or provide information on how you would ensure recruitment of the appropriate staff on a full or part-time basis.

For each current teacher/lecturer who may be involved in any LCM programme please provide the following information:

*(Please photocopy this page and complete the details in respect of each member of lecturing staff).*

Name of Proposed Lecturer/Teacher \_\_\_\_\_

Academic Qualifications (i.e. Degrees/Advanced Diplomas) and college or university attended

And/or Professional Qualification/s (Obtained by Examination):

Membership of any Professional body (if applicable) \_\_\_\_\_

Number of Years of Lecturing Experience: \_\_\_\_\_

Give details of the lecturer’s relevant work experience: (If any) \_\_\_\_\_

Which Subject/s will/does the Lecturer Teach?

Signature of Principal / Director of Studies: \_\_\_\_\_ Date: \_\_\_\_\_

**Please ensure that details of your lecturing staff – including copies of their qualification – are scanned and emailed together with the completed ‘Recognised Centre’ Application Form to:**

**applications@lcmieb.org.uk**