

Notification of Changes Form - 2020 WBA programs

Provider details:

Provider name:	
Person to contact concerning this form:	
Telephone number and email:	
Date of submission:	

Type of change(s):

Please tick to indicate the material change(s) made/being made **for 2020** in response to COVID 19.

Change in capacity to manage the WBA program for 2020	<input type="checkbox"/>
Modification to: <ul style="list-style-type: none"> • Resources • staff • cohort size 	
Change to program location or length for 2020	<input type="checkbox"/>
Modification to: <ul style="list-style-type: none"> • program location/sites • change to program length 	
Change to assessment plan for 2020	<input type="checkbox"/>
Modification to: <ul style="list-style-type: none"> • an existing element of the assessment plan (removal or addition or timing) • change to method 	

Details of change(s):

1. What are the elements/details of the change?
<i>[In one to two paragraphs, please describe the change and the rationale in terms of maintaining capacity to deliver the accredited assessment plan or an equivalent plan. If more than one change type is ticked, please include one to two paragraphs for each.]</i>

2. Provider's approval and communication processes for change

Rather than appending detailed supplementary material concerning changes, WBA providers can submit material already prepared such as communications to assessors, staff and candidates about the changes.

a. Please provide details of the internal approval process (the agreement to the change)

[Enter details here...]

b. Please append relevant communications to assessors, staff and candidates already complete and planned.

[Enter details here...]