

Awarding Organisation - Organisation Registration Form

Only to be completed by Awarding Organisation

Pre-Requisite

1. UK Provider Reference Number (UKPRN)

A UKPRN identifier must be supplied before you can register with the Learning Records Service. The application cannot be processed until a UKPRN reference is provided.

If not registered, please visit their website to register – www.ukrlp.co.uk - before completing this application.

Requisites for registering with LRS

2. Awarding Organisation Agreement

Your application cannot be processed without a signed copy of the **Awarding Organisation Agreement** being returned with this form. This can be found at www.gov.uk/government/publications/lrs-registration-documents

The agreement must be signed by an appropriate level of authorisation. The following is a selection of job titles which are deemed to represent a person with appropriate authority – this is not exhaustive.

- Chief Executive or CEO
- Deputy Head
- Director
- Managing Director
- Deputy Director

3. Signatures

Only hand written signatures are accepted. We do not accept digital/electronic signatures.

4. Super User Email Address

This email address **MUST** only be accessible by the user – we will reject any requests containing generic mailboxes (e.g. exams@).

5. Forms to return

The application cannot be processed until both forms are submitted:

- AO Organisation Registration Form
- Awarding Organisation Agreement (LPA) – pages 6 & 26



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Please complete **ALL** fields marked with an * in Sections 1 & 2 and 3 and return the completed form either by email to lrs.support@education.gov.uk

Section 1 – Organisation Details

Please provide the following details of your organisation – refer to explanatory notes underneath.

UK Provider Reference Number (UKPRN) *		RITS Number *	
Organisation Name *			
Address Line 1 *			
Address Line 2			
City/Town *			
Postcode *		Telephone Number *	
Website Address *			
Reason for Request to register* (for example: Requirement for funding purposes)			

Section 1 Notes:

1. **UKPRN** - Please supply your UK Provider Reference Number (UKPRN) provided once registered with the UK Register of Learning Providers (UKRLP). If not registered, please visit their website to register – www.ukrlp.co.uk - before completing this application.
2. **RITS Number** – Please supply your Regulatory Information Technology System (RITS) provided by OfQual.
3. **Organisation Name** – please supply your organisation name by which you are known. It must match your name on UKRLP. Please ensure that the full name is provided to ensure that Learning Records Service can identify your organisation.
4. **Address** – this must always be the Head Office address.

Section 2 – Super User Details

Please supply details of a nominated individual who will take responsibility of LRS user administration – refer to explanatory notes underneath. This is the creation and management of user's access rights within your organisation including those you sub-contract with - refer to the Organisation Agreement for more details.

Title (Mr, Mrs etc) *	
Given Name *	
Family Name *	
Contact Telephone Number *	
Contact Mobile Number	



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Staff ID Reference	
User E-mail Address * This must be a valid organisation email address	

Section 2 Notes:

1. **User Email Address** - Please ensure that you assign a relevant and valid email address – we cannot accept email addresses with domains such as yahoo, btconnect, hotmail, etc.
2. **Staff ID reference (optional)**. The Learning Records Service stores your own organisational staff reference or ID to aid your own identification and management of users.

Section 3 – Event Data Challenge Contact Details

Please supply the contact details for the nominated contact within your organisation that will be responsible for dealing with Data Challenges referred to you by the LRS. We recommend that you supply a generic email address in case of staff absence. If this is the case, please put the name of the team in the Given Name box:

Given Name *	
Family Name *	
Contact Telephone Number *	
E-mail Address *	

Section 4 – LRS Verification of Request (official use only):

Authorised by :		Authorised Date:	
Additional Verification Notes:			