CBE Centre Name:

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CBE Centre Address:

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Contact numbers:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed By:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position within Organisation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Completion:

**Declaration**

[ ]  I confirm that the information contained within this document provides a true and accurate reflection of the Centre.

**CENTRE DETAILS**

**1) TYPE OF ORGANISATION/SERVICES OFFERED**

ACCA Tuition Provider ACCA Approved Learning Partner

ACCA Employer Other (please specify) ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2) LOCATION OF CENTRE**

Type of area: Residential Commercial Ac Academic

Industrial Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3) CONDITION OF BUILDING - Internally and externally**

**Please provide detailed photographs of each exam room (Ideally in a single Word or PDF document, with each photo’s name tagged ).** Your photographs should clearly display the following:

* Set-up of workstations (various angles to include seating, lighting etc.);
* Cabling (Tidied and in ducts);
* Any windows in the CBE room;
* Position of printers linked to CBE workstations;
* Workstation intended for SNA (CBE administration);
* Invigilator desk/workstation;
* Server;
* Reception or common areas such as break / waiting areas

External photographs should include;

* Building exterior, a view from the street showing the building and
* Any signage within the building regarding the CBE centre, ie a Floor Directory or Building / Campus map
* Common building areas such as the lobby / waiting areas / communal elevators.

a) Comments on any changes to the building internally or externally (including your CBE sent set up) since last inspection or declaration?

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b) Where do students report on arrival at the centre? Does the Centre include a reception area? If so, please provide photographs.

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c) Detail any facilities provided for students. (ie. cafeteria, breakout area, study area etc.) Please provide photographs where applicable.

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**4) EXAM ROOM**

a) Detail number of rooms and workstations to be used for CBEs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) Is there an invigilator's desk? Yes ⬜ No ⬜

If yes, does invigilator have clear vision of all PCs? Yes ⬜ No ⬜

Does the invigilator have a PC? Yes ⬜ No ⬜

c) The administration machine (Secure Network Administrator) \* allows CBE personnel to control/monitor each exam session. Where is the PC to be used for SNA located?

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d) Detail the location and security arrangements for the Server\*

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 e) Detail the security arrangements for the exam room(s)

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f) Noise level in exam room(s)

Confirm the position of the exam room(s) within the Centre, clearly indicating the business purposes of surrounding rooms/offices

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g) Are there any CCTV cameras in the exam room? If yes, are these switched off during the exam?

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h) Toilet facilities near exam room(s)

Detail the number/location/proximity of both female & male toilets to the CBE room(s)

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\*Please see the Minimum Technical Requirements document at the below link for further explanation:

<http://www.accaglobal.com/content/accaglobal/uk/en/learning-provider/become-computer/apply-licence.htm>

**SUPERVISION/INVIGILATION DETAILS**

**NOMINATED EXAMINATIONS CO-ORDINATOR, ADMINISTRATOR(S) AND INVIGILATORS**

Please complete the table below with the requested details;

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Email ID** | **Job Title** | **Length of Time in Role** |
| **Coordinator:** |  |  |  |  |
| **Administrators:** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Invigilators:** |  |  |  |  |
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**Return this form to:**

CBE Update Team

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e-mail: cbeupdates@accaglobal.com

Fax: +44 (0)141 534 4067