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| **ASSessment PASSWORD Application Form** | Scheme(s):*9074 / 6014 / 5991 / 6012 / 6034 6189 / 7428 / 7447 / 6288* |
| From / Return To:*Blue Flame Associates Ltd.**Unit 26 & 27**Chatterley Whitfield Enterprise Centre**Chatterley Whitfield**Stoke on Trent**Staffordshire**ST6 8UW* | Centre Details: |
|  | Name: |  |
|  | Number: |  |
|  | Address: |  |
|  |  |  |
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|  |  |  |
|  |  |  |
| Details of the Person **RESPONSIBLE** for the Assessment Documentation Security: *\* Please include a specific named e-mail contact point to which the password will be issued (this should NOT be a ‘general’ or ‘enquiries’ type e-mail address)* |
| Print Name: | Position / Job Title: |
| Telephone | E-mail:\*  |
| Details of Centre Approval: |
| Approved Scheme(s): | Approved by C & GRegional Office: | Approved Scheme(s): | Approved by C & GRegional Office: |
| Scheme No:*9074* |  | Scheme No:*6189 (Level 3)* |  |
| Scheme No:*6014 / 5991* |  | Scheme No:*7428 / 7447* |  |
| Scheme No:*6012* |  | Scheme No:*6288-31 (Level 3)* |  |
| Scheme No:*6034* |  | Scheme No: |  |
| Current External Quality Assurer(s): | Print Name: |
| 🟑🟑 **Please Return This Form to The Address Above or via E-Mail to** 🟑🟑please retain a copy for your records |
| E-mail:*PWrequest@blueflameassociates.com* |
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| **BLUE FLAME ASSOCIATES USE ONLY** |
| Details Provided Confirmed as Correct:*Delete As Appropriate* | Yes / No  |
| Password Sent: | Print Senders Name: | Date: |
| Additional Comments: |