##### Care Council for Wales

##### Credit & Qualifications Framework for Wales (CQFW) – Quality Assured Lifelong Learning (QALL) for Social Care, Early Years and Child Care

##### Business Case

Business case application form for the development of unit/s to sit on the QALL pillar of CQFW for use within social care, early years and childcare.

**Please also send in any supplementary information you may have about the learning / training programme.**

When completed this form should be returned to [Dyfan.jones@ccwales.org.uk](mailto:Dyfan.jones@ccwales.org.uk)

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| --- | --- |
| **Employer/ Learning Provider or Awarding Organisation:** | **Contact Name:** |
| **Contact Email:** | **Contact Number** |
| **Proposed Title of Unit/s:** | |
| **Main Purpose of Unit/s:** | |
| **Rationale for development (please provide background to the proposal, evidence of need for the unit/s and the benefits to the organisation, staff, individuals and the service as a whole, and links to government agendas and sector priorities):** | |
| **Target Market (occupational areas/job roles covered):** | |
| **What age range will the learning be offered to?** | |
| **Where will the learning be offered? E.g. In house, Local Authority area only, regional, all of Wales:** | |
| **Which standards do these units relate to? E.g. National Occupational Standards, Knowledge Sets:** | |
| **Are the units knowledge or competence based?** | |
| **Will there be any specific requirements for assessment? E.g. occupational knowledge or qualifications of those assessing:** | |

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| **Estimated hours of learning** | **Estimated level of learning:** |
| **Any links to existing learning and pathways:** | **Proposed take-up (approximate numbers):** |

**For internal use only**

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| **Date received** |  | | |
| **Date acknowledgement sent** |  | | |
| **QALL database checked for duplication** |  | | |
| **QCF database checked for duplication** |  | | |
| **Date of QSSC meeting** |  | | |
| **Response** | **Yes** | **No** | **Recommendations** |
| **Date response sent to submitter** |  | | |
| **Any further action required** |  | | |