

City & Guilds Technical Qualifications

Contact update form

We request this form to be completed by all centres intending to deliver Technical Qualification for the 2020 -21 academic year. We'd like to keep in touch with you so that you don't miss out on key communications designed to support your delivery. **Please submit the completed form to technicals.quality@cityandguilds.com.**

We will treat your personal data with the utmost care and privacy. We will only process your personal data in accordance with our privacy policy available [here](#), and you may change your preferences or unsubscribe at any time, just contact the Technicals Quality team.

Centre details

Centre Number (6 numerals plus any suffix)								Full Centre Name:	
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Main Technicals contact

Name:		<p>This is the person within your centre nominated to receive all communications in regards to Technical Qualifications.</p> <p>Similar to a Quality Contact, this person would be responsible for disseminating information internally and be first point of contact for City & Guilds queries.</p>
Job Title / Role:		
Email Address:		
Contact Number:		

Moderation Portal contact

Name:		<p>This person will receive the initial account details, user guide and be responsible for setting up additional user accounts for all other staff within your centre. Please refer to the latest version of the Moderation Portal user guide for more detail.</p>
Email Address:		

Additional evidence contact

Name:		<p>This person will need to be available throughout July to support with any additional evidence requests as part of the awarding process and facilitate the upload of this evidence to the Moderation Portal</p>
Email Address:		

Additional contact persons

Please use the section below to identify **one** main contact for each industry area you are delivering Technical Qualifications in, plus a main point of contact in your Exams department. Dependent on the role and department provided, we will tailor our communications accordingly. If email address and contact numbers are not provided, we may find it difficult to contact them with relevant information.

First name	Last name	Email address	Contact number	Job role	Subject area
<i>Ann</i>	<i>Other</i>	Ann.other@email.com	<i>01234 567 890</i>	<i>Tutor</i>	<i>Land & Animal</i>
				Industry Area Main Contact	Land-Based Industries
				Industry Area Main Contact	Hairdressing & Beauty Therapy
				Industry Area Main Contact	Engineering & Transport
				Industry Area Main Contact	Hospitality & Catering
				Industry Area Main Contact	Construction & BSE
				Industry Area Main Contact	Health & Social Care
				Industry Area Main Contact	Digital Technologies
				Industry Area Main Contact	Employability
				Exams Department Main Contact	Exams Officer

Declaration

By submitting this form to us you agree:

- the information provided is correct and accurate,
- you are authorised to submit this form on behalf of the centre,
- you have contacted those listed on the above form and they have given consent to be contacted by City & Guilds by email and/or by telephone regarding matters relating to the delivery, assessment and moderation of City & Guilds Technical qualifications,
- you authorise City & Guilds to share selected contact details with consultants involved in the moderation process and internal parties within the City & Guilds Group where genuinely necessary.

Name:	
Job title:	
Date:	

