

# Application for distance learning accreditation



## ANNUAL ASSESSMENT

Provider:

Address:

Tel:

Email:

Contact:

Occupation:

Type of training provided and by which method:

Annual assessment fee £150.00 + VAT

I agree to use the 'Accredited by APIL Training' accredited wording in accordance with the guidelines included with this application form.

### Training provider:

Signed:

Name:

Position:

Date:

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### APIL administration:

Approved:

Name:

Position:

Date:

Please make your cheques payable to APIL and sent to:  
APIL accreditation department, 3 Alder Court, Rennie Hogg Road, Nottingham, NG2 1RX.  
Tel: 0115 958 0585 Fax: 0115 958 0885

# Application for distance learning event accreditation



Provider:

Address:

Tel:

Email:

Contact:

Title of event:

Area of personal injury law:

Date(s):

Types of event (please tick as appropriate): (A) Live update web seminar - one-off event ☐  
(B) DVDs and on demand web and podcasts ☐

Target audience:

APIL accredited level(s):

Total number of CPD hours:

Start time:

Breakdown of hours - seminar, live interactive Q & A, test, etc. (include all parts):

Objectives (include field of law involved, expectations for those attending and nature of the event):

Expected learning outcomes (include understanding gained, factual knowledge or know-how acquired and/or practical skills developed):

How will the event be evaluated?

(Please enclose questions/feedback form)

If (B) how will the questions be given and answers assessed?

(Please enclose questions and answers)

In the case of (B) indicate pass mark:

## Details of speakers

List all name(s) below and attach biographical information.

[illegible]

I confirm that adequate provision has been made for answering queries about course content and any IT or transmission related problems.

I confirm that we shall comply with APIL monitoring requirements.

**Training provider:**

Signed:

Name:

Position:

Date:

This application must be accompanied by:

1. The programme of details
2. Access details to the presentation for our assessment panel
3. Proposed marketing literature
4. Biographical details of each speaker
5. Fee for each event - £50.00 + VAT.

## PAYMENT

### By cheque

I enclose my cheque for £ (Cheques must be payable to APIL in pound sterling only)

### By credit/debit card - please circle given card type

Visa debit/Switch (no transaction fee)

MasterCard/Visa credit/American Express (a £2.50 transaction fee will be added to all credit cards)

I authorise you to debit my card account with the amount of £

My card number is:

Start date:

Expiry date:

Card security code: (last 3 digits on the back of the card)

Name (as on card):

Issue no:

Card holder's signature:

Card holder's address:

**Please contact APIL accounts if you wish to pay by BACS. A VAT receipt will be issued on receipt of payment**  
Please note monies are non-refundable and non-transferrable.

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