



THE ORGANISATION

Name of training manager:	
Name of firm:	
Office address:	
Tel:	Fax:
Email:	Website:
How many PI and clinical negligence fee earners do you employ in your organisation or office?	
Please enter number	
(In the case of firms with a number of branches, each appropriate branch at	each firm must apply for in-house accreditation.)
I wish to apply for in-house accreditation and agree to be bound by the rules relating to this as per the 'Guide to In-house accreditation document' included with this application form.	
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Signature:	Date:
Fees for in-house accreditation	
(To accrue APIL hours through training delivered within your organisation or office).	
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Annual renewal per branch - £225.00 + VAT	in your organisation or office).
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Annual renewal per branch - £225.00 + VAT Please make cheques payable to APIL For office use only:	