# Application for external accreditation ANNUAL ASSESSMENT



Provider:	
Office address:	
Tel:	Fax:
Contact:	
Title:	
Type of training provided:	

Annual assessment fee: £150.00 + VAT

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

### Training provider:

Signed:	
---------	--

Name (caps):

Position:

Date:

### APIL administration:

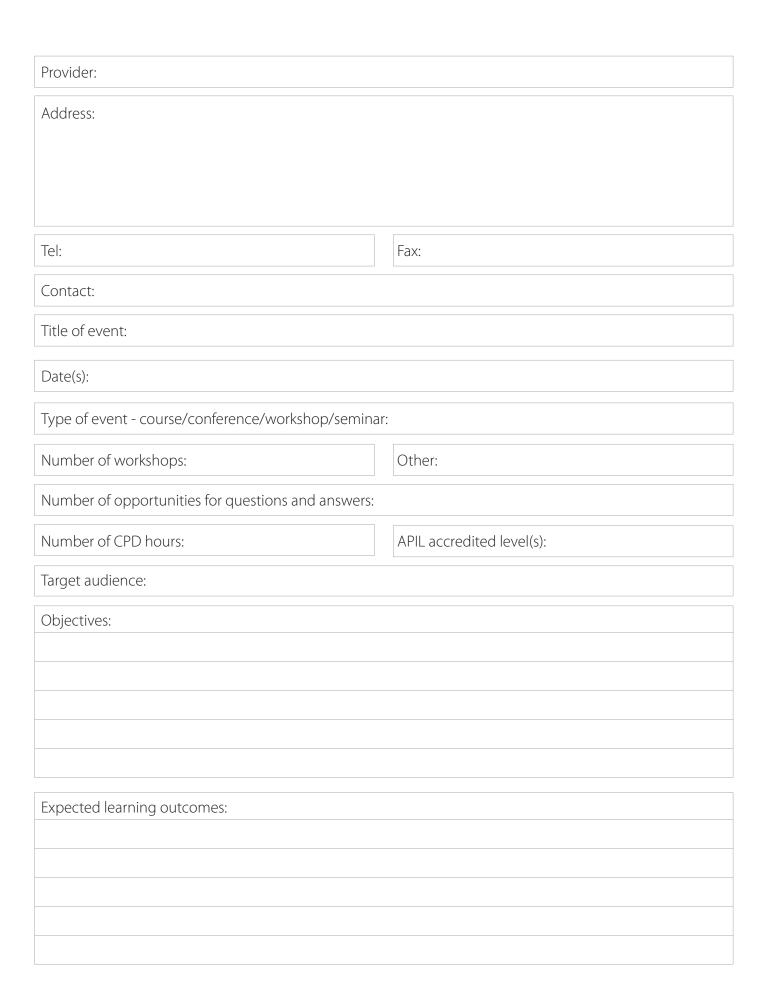
Approved:

Name (caps):

Position:

Date:

Please make your cheques payable to APIL and send to: APIL, Unit 3 Alder Court, Rennie Hogg Road, Nottingham, NG2 1RX. DX 716208 Nottingham 42 Tel: 0115 958 0585 Fax: 0115 958 0885 Application for external event accreditation



A copy of the programme and proposed marketing literature must accompany this application

# Details of speakers

Name(s):			

Please attach biographical information.

Fee for each event/series of events: £125.00 + VAT

## Training provider:

Signed:

Name (caps):

Position:

Date:

## APIL administration:

Approved:

Name (caps):

Position:

Date: