

# 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:

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### 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



Provider:

Address:

Tel:

Fax:

Contact:

Title of event:

Date(s):

Type of event - course/conference/workshop/seminar:

Number of workshops:

Other:

Number of opportunities for questions and answers:

Number of CPD hours:

APIL accredited level(s):

Target audience:

Objectives:

Expected learning outcomes:

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:

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**APIL administration:**

Approved:
Name (caps):
Position:
Date: