## Application for distance learning event accreditation



Provider:	
Address:	
Tel:	Email:
Contact:	
Title of event:	
Area of personal injury law:	
Date(s):	
Type of event (please tick as appropriate):	(A) Live update web seminar - one-off event
	(B) DVDs and on deman web and podcasts
	(b) by by and on deman web and podeasts
Target audience:	
Target audience: APIL level(s):	
	Start/finish times:
APIL level(s):	Start/finish times:
APIL level(s): Total number of CPD hours:	Start/finish times:
APIL level(s): Total number of CPD hours:	Start/finish times:
APIL level(s): Total number of CPD hours:	Start/finish times:
APIL level(s): Total number of CPD hours: Breakdown of hours - seminar, live interactive (	Start/finish times:
APIL level(s): Total number of CPD hours: Breakdown of hours - seminar, live interactive (	Start/finish times:

Expected learning outcomes (inc. 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 names below and attached biographical information

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 (caps):	
Position:	
Date:	
APIL administration:	
Approved:	Date:
Name (caps):	
Position:	

This application must be accompanied by:

- 1. The programme or 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 + VAT

## PAYMENT

By cheque - I enclose my cheque for  $\pounds$  (Cheques must be payable to APIL in pound sterling only)

By credit/debit card - please circle given card type Visa debit/Visa credit/MasterCard/American Express	Card holder's signature:	
Card number:	CSC:	
Start and expiry dates:		
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-transferable.

Please send completed applications and payment to APIL, 3 Alder Court, Rennie Hogg Road, Nottingham. NG2 1RX Tel: 0115 943 5400