

# Application for external event accreditation



Provider:

Address:

Tel:

Contact:

Title of event:

Location(s) of event:

Date(s) and timings:

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 series of event: £125.00 + VAT

**Training provider:**

Signed:
Name (caps):
Position:
Date:

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**APIL administration:**

Approved:
Name (caps):
Position:
Date: