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	
Target audience:		
APIL level(s):		
Total number of CPD hours:	Start/finish times:	
Breakdown of hours - seminar, live interactive	e Q & A, test, etc. (please specify clearly):	
Objectives:		

Expected learning outcomes (inc. understanding gained, factual knowledge or know-how acquired and/or practical skills developed:	
adquired aria/or practical sixilis developed.	
How will the event be evaluated?	
(Please enclose questions/feedback form	
If (D) how will the guestions be given and answers assessed?	
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 - please see website for details **PAYMENT** By cheque - I enclose my cheque for £ (Cheques must be payable to APIL in pound sterling only) Card holder's By credit/debit card - please circle given card type Visa debit/Visa credit/MasterCard/American Express signature: Card number: CSC: Start and expiry dates:

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.

Card holder's address: