

Application for external accreditation

ANNUAL ASSESSMENT



Provider:

Office address:

Tel:

Contact:

Title:

Type of training provided:

Annual assessment fee: £100.00 + VAT

Charity fee: No charge

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

Training provider:

Signed:

Name (caps):

Position:

Date:

APIL administration:

Approved:

Name (caps):

Position:

Date:

If paying by cheque, please make your cheques payable to APIL
and send to:

APIL, 3 Alder Court, Rennie Hogg Road, Nottingham, NG2 1RX