

# Application for distance learning accreditation

## ANNUAL ASSESSMENT



Provider:

Address:

Tel:

Contact:

Title:

Type of training provided and by which method:

Annual assessment fee: £150.00 + VAT

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:

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### APIL administration:

Approved:

Name (caps):

Position:

Date: