

# Application for external accreditation

## ANNUAL ASSESSMENT



Provider:

Office address:

Tel:

Contact:

Title:

Type of training provided:

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:

Please make your cheques payable to APIL and send to:  
APIL, 3 Alder Court, Rennie Hogg Road, Nottingham, NG2 1RX.  
Tel: 0115 943 5400