

APIL IN-HOUSE ACCREDITATION SCHEME APPLICATION

Please tick where applicable:

New application for in-house accreditation

Renewal of in-house accreditation

THE ORGANISATION

Name of firm:

Office address:

Name of training manager:.....

Email address of training manager:

Tel:

Website:.....

How many PI and clinical negligence fee earners do you employ in your organisation or office?

Fees for in-house accreditation:

Annual renewal per branch £225.00 + VAT

Please indicate how payment will be made:

Cheque

Card payment

Declaration:

I wish to apply for in-house accreditation and agree to be bound by the rules relating to this as per the "Guide to In-house accreditation document" included with this application form. I will supply quarterly in arrears, a list of courses delivered during the previous quarter including all of the required information specified in the in-house guidance.

Signature:

Printed name:

Date:

Please note, new applications and renewal applications will not be processed until payment has been received.

For office use:

Date processed:

Date of accreditation:

Signature: