

Application for distance learning accreditation

ANNUAL ASSESSMENT



Provider:

Address:

Tel:

Contact:

Title:

Type of training provided and by which method:

Annual assessment fee: £75.00 + VAT (No fee for charities, no):

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: