**Approved Training Providers**

**Individual Course Application Form**

Please use the below sections to provide details of how your organisation meets the CIHT Approved Training Provider criteria. Please submit your completed and signed application form to: professionaldevelopment@ciht.org.uk

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| 1. **Organisation Information** | |
| **Please use this section to provide details on the organisation applying for CIHT Approval** | |
| Organisation Name |  |
| Not for profit or Commercial Organisation |  |
| Primary Contact Name |  |
| Contact Email |  |
| Full Postal Address |  |
| Telephone Number |  |

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| 1. **Explain who your target audience is and describe any prior knowledge or experience required to attend this course.** |
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| 1. **Provide a summary of the course content, topics to be covered and an outline of the course structure.** |
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| 1. **What is this course’s proposed learning outcomes and core objectives. (i.e., what learners should be able to do after completing the course).** |
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| 1. **Explain how this course is sector relevant and how it supports and enhances CIHT members’ professional development.** |
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| 1. **Explain the measures you have in place to evaluate how this courses objectives and learning outcomes will be / are met.** |
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| 1. **Please describe what methods you will use to obtain feedback for the purposes of quality assurance.** |
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| **FEES** | | |
| Approved Training Providers get one course approved in the initial approval stage. Additional courses would be approved for a fee, which is different for not-for profit and commercial organisations. | | |
| **Approval Category** | **Not for profit** | **Commercial organisation** |
| Initial approval + 1 course inc. | £100 | £300 |
| Annual renewal fee | £100 | £300 |
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| **Additional Course Approval** | **Not for profit** | **Commercial organisation** |
| Additional course (1 x per year) | £30 | £100 |
| Additional courses (3 x per year) | £40 | £150 |
| Additional courses (3+ x per year) | £50 | £200 |

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| **Declaration** | |
| I HEREBY CERTIFY that as the responsible person, the above information has been written by me is true and correct to the best of my knowledge. | |
| Signature |  |
| Printed Name |  |
| Position within Company |  |