



APPLICATION FOR ACCREDITATION

Please send the original of this form to ITT and retain a copy for your own records.

Name of Organisation _____

Name of person completing application _____

Position _____

Address _____

Telephone _____

Fax _____

Email _____

Date of application _____

Criteria 1: PROGRAMME DETAILS

To include name of programme and 200 word description including:

- Number of learners and method of selection
- Start date, duration and frequency
- Delivery methods

EVIDENCE AND/OR INFORMATION PRESENTED

Criteria 2: TRAINER(S) INFORMATION

To include names of trainers and personal profiles, showing evidence of applicable experience to run the programme

EVIDENCE AND/OR INFORMATION PRESENTED



Criteria 3: PROGRAMME RATIONALE

To include overall objectives of the programme. Please state these clearly i.e. *To develop and grow Managers in-house. This will result in higher retention levels for the organisation and having trained personnel in place when positions become available etc.*

EVIDENCE AND/OR INFORMATION PRESENTED

Criteria 4: OUTLINE OF PROGRAMME

To include:

- Content
- Learning outcomes
- Methods of measuring progress and achievement
- Final outcome assessment method
- What do learners receive at end of programme i.e. certificate of achievement, etc.

EVIDENCE AND/OR INFORMATION PRESENTED

Criteria 5: PROGRAMME EVALUATION

How do you evaluate the programme's success? *i.e. monitor labour turnover rates*

EVIDENCE AND/OR INFORMATION PRESENTED



OTHER RELEVANT INFORMATION

(optional - complete only if required)

DECLARATION

I declare that the information contained in this application is correct and current, and that I am authorised to sign on behalf of the company. The company also agrees that:

- This application will form the agreement between the company and ITT in relation to this qualification.
- Should there be any changes to the details submitted and approved, the company will submit an approval update application.
- The approval, if given, will be for a period of two years.
- I agree to pay the fee of £500. Should this application be unsuccessful then this fee will be reimbursed minus an administrative charge of £150.

Surname _____ Forename _____ Title _____

Official position _____

Signature _____ Date _____

CHARGES

There will be a £500 fee to be made payable to the ITT which will cover the accreditation of the training initiative for a two year period. On official approval by the ITT of the initiative, an invoice will be raised. The accreditation will be valid from date of payment.

OFFICE USE ONLY

The submission is acceptable

The submission is acceptable subject to fulfilment of additional requirements
(refer to attached action plan for details)

The submission is not acceptable in its present form
(refer to attached action plan for details)

Signed _____ Date _____

Print name _____ Role _____