



APPLICATION TO ENROL  
AS AN APPROVED  
TRAINING CENTRE OF THE  
CIPHE

Name of College /  
Training Centre \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Website \_\_\_\_\_

Email \_\_\_\_\_

Telephone No: \_\_\_\_\_

Main Contact \_\_\_\_\_

Contact for  
Accounts \_\_\_\_\_

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**Courses**

Please provide details of courses your College/Training Centre run :

Discipline	Qualification/Levels/Awarding Body

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*Centre Accreditation No.* \_\_\_\_\_

*Awarding Body Course No.* \_\_\_\_\_  
*(copy of certificate to be provided)*

*Date of Accreditation* \_\_\_\_\_

*Expiry date of Accreditation* \_\_\_\_\_

*Details of Current Trainers* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Minimum Qualifications for  
Future Lecturers* \_\_\_\_\_

*Membership of any*

Professional Bodies /  
Industry Organisations \_\_\_\_\_

Disclaimer

*We understand that continuance as an Approved Training Centre will be dependent upon ongoing accreditation from the awarding body for the approved courses listed.*

*The use of the CIPHE insignia is restricted solely for the purposes of accredited courses only.*

*Once you have completed this form, please return with your payment in the sum of £120 to:*

*The Membership Department*

*CIPHE*

*64 Station Lane*

*Hornchurch*

*Essex RM12 6NB*

*Tel. 01708 472791*