

# Application for Accreditation of Training Provider

## Contact Details for training organization

Name of organization: .....

Name of contact person: .....

Position of contact person: .....

Address: .....

.....

ZIP/City:.....

Country:.....

Tel:.....

Fax: .....

## Enclosed accreditation material

For information about accreditation criteria, see document INTRSA-101.

Evidence of documented procedures / implemented processes

Tutors feedback from course presentations

Course evaluations / feedback from course attendees

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## Tutor List

Name	Status (Lead/Support)	Tutor record No.

## Affiliate organizations

Name of organization	Type of agreement	

## Declaration

I apply for training provider accreditation. I declare that the information provided is correct to the best of my knowledge.

Signature of Applicant

Date

# Application for Accreditation of Training Provider

**Tutor Record No.:**.....

## Contact Details:

Name:.....

Title:.....

email:.....

## Tutor Qualification

Assessor Grade: .....

Assessor ID-number: .....

Lead Tutor /  Support Tutor

## Tutor for the following courses

Name of course	Course accreditation No.

## Enclosed material

Career progression/ Work experience

Assessment experience

Sector specific experience (optional)

Evidence of tutor trainings

Signature of Tutor

Date