|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1. Company data** | | | | | | |
| Name and Legal form: | |  | | | | |
| Address: | | Street |  | | | |
| Country | |  | Postal Code |  | City |  |
| VAT number | |  | | Website |  | |
| Representative Person: | |  | | | | |
| Email: | |  | | | | |
| Billing Info if different from above: | | | | | | |
| Specify Billing Info if different from above |  | | | | | |

|  |
| --- |
| **2. Organisation’s courses** |
| **Brief description of your organisation** |
|  |
| **Brief description of your products and services** |
|  |

|  |
| --- |
| **3. Facilities** |
| **Physical face to face facilities (please provide photos)** |
|  |
| **E-learning or distant learning facilities (please provide licences and other supporting material)** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course title** | **Course level** | **Is this an online or face-to-face course?** | **How many individuals have participated in this course in the past 12 months?** | **Do you own the copyright to, or have the right to use, the content contained within your courses?** |
| Name of the course | Eg introductory, advanced, intermediate | Eg. Elearnign | e.g. 30 | YES/NO |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Trainer name** | **How long have they been a trainer with your organisation?** | **Which course(s) do they teach?** | **How many years training experience do they have?** | **Please provide CV which shows expertise on the course** | **Copy of qualification as train the trainer.** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Course materials**  For each course you are applying for approval for, we need the following information:   * Aims & Objectives * Learning Outcomes * Who should attend? * Relative conventions: * Prerequisite skills & knowledge * Course outline * handbooks and handouts the delegates receive during the course * Assessment methods * Exam * Teaching Methods * Resources * Study time (physical and if distant learning)   Please feel free to provide this information on a separate paper for each course. |  |
| **Lesson plans/ course agendas (face-to-face courses only)** |  |
| **Example marketing**  We need to see example marketing for each course you are applying for approval for. This could include the course brochure etc., or an example email campaign you have sent to promote the course. |  |
| **Trainer CVs and relevant qualification certificates** |  |
| **Trainer the trainer course** |  |
| **Evidence of other quality assurance schemes your organisation complies with (if applicable)**  For example, accreditations/ approvals from other membership/ industry bodies. |  |
| **Copy of a Completed delegate feedback form** **for physical and eLearning if different** |  |
| **Your organisation’s standard terms and conditions, including a refund and cancellation policy** |  |
| **Your organisation’s data protection policy** |  |
| **Your organisation’s complaints policy** |  |
| **Any additional information you believe will assist us in conducting our review** |  |

|  |
| --- |
| *I confirm the above data are accurate and valid. On behalf of the named organisation, I understand and accept the implications of making this application.*  *LiberoAssurance shall not be liable under, or in connection with the present Training Approval Scheme, or any collateral contract for: loss of income; loss of business profits or contracts; business interruption; loss of the use of money or anticipated savings; loss of information; loss of opportunity, goodwill or reputation; loss of, damage to or corruption of data; or any indirect or consequential loss or damage of any kind howsoever arising and whether caused by tort (including negligence), breach of contract or otherwise; consequently LiberoAssurance shall not be liable for any loss, harm or damage caused to any delegate or delegate’s property whilst attending courses approved under the scheme.*  Signed:  Position:  Date: |
|  |

You can send the filled questionnaire to the following address

**LiberoAssurance**

**2 Efplias Street, Piraeus, GR-18537 Greece.**

**T: +30 210 4100535**

**W: LiberoAssurance.org**

**E:** [**pr@liberoservices.org**](mailto:pr@liberoservices.org)