

## Application for Accreditation

- Provider Accreditation and Module Accreditation -

Annex 10			
Applicant's Details:			
Name / Company			
Authorised Representative	e		
Street and Number			
Postal Code, Town			
Telephone no.	Fax	Email	
Homepage			
/we hereby apply for a	accreditation as a provider of	the following CECRA Modules:	
	Profile as a Consultant mmunication and Relationship	b Building in Advisory Work	
With my/our signature	(s), I/we agree to the criteria f	or CECRA accreditation, as amended	from time to time.

Annexes			
1.	Overview of training provision in rural areas		
2.	Company profile / mission statement (optional)		
3. a) b)	<ul> <li>Trainer Profile for all trainers to be used (optionally with photo)</li> <li>List of qualifications earned</li> <li>List of events held, generally in the past 2 years, naming the target groups</li> </ul>		
4.	<ul> <li>Concept (e.g. trainer guidelines) for the requested modules, stating</li> <li>the learning objectives / action competencies, contents and methodologies, as well as the time frame</li> <li>the documents and resources to be used</li> </ul>		
5.	Terms and conditions		

A specimen copy of the CECRA confirmation of attendance with your own logo added will be submitted to the EUFRAS CECRA office or IALB office within four weeks of receipt of the CECRA Confirmation of Attendance template.

This application for accreditation is to be submitted together with all of the required documents to the EUFRAS CECRA office at the following address:

EUFRAS CECRA office, Rīgas iela 34, Ozolnieki, Ozolnieku pagasts, Ozolnieku novads, LV-3018, Latvija

To qualify for inclusion in the CECRA annual programme, your application for accreditation must have arrived no later than 1 July of the previous year, and your module dates no later than 31 October of the previous year. The submitted documents will remain within the circle of the members of the EUFRAS-CECRA WG and the IALB office.

Place, Date

Stamp

Signature of Applicant / Authorised Representative