

## **Application for Supplementary Accreditation**

**- Module Accreditation -**

### **Annex 11**

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Applicant's Details:

\_\_\_\_\_  
Name / Company

\_\_\_\_\_  
Authorised Representative

\_\_\_\_\_  
Street and Number

\_\_\_\_\_  
Postal Code, Town

\_\_\_\_\_  
Telephone no.

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

\_\_\_\_\_  
Homepage

In addition to the modules accredited in the decision of (date) \_\_\_\_\_, I/we hereby apply for accreditation of the following CECRA Modules:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IALB-Geschäftsstelle:**

**Porschestraße 5a**

**84030 Landshut**

**Deutschland**

**[kontakt@cecra.net](mailto:kontakt@cecra.net)**

**Tel.: +49 (0)871/9522-4318**

**[www.cecra.net](http://www.cecra.net)**

**Fax: +49 (0)871/9522-4399**

With my/our signature(s), I/we agree to the criteria for CECRA Accreditation, as amended from time to time.

<b>Enclosures</b>
If applicable, Trainer Profile for all additional trainers to be used (optionally with photo) <ul style="list-style-type: none"><li>- List of qualifications earned</li><li>- List of events held, generally in the past 2 years, naming the target groups</li></ul>
Concept (e.g. trainer guidelines) for the requested modules, stating <ul style="list-style-type: none"><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>

This Application for Re-Accreditation is to be submitted together with all of the required documents to the IALB office at the following address:

IALB-Geschäftsstelle, Porschestraße 5a, D-84034 Landshut, Germany.

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 CECRA WG and the IALB office.

\_\_\_\_\_  
Place, Date

Stamp

\_\_\_\_\_  
Signature of Applicant /  
Authorised Representative