

Application for Accreditation

- Provider Accreditation and Module Accreditation -

Annex 10

Applicant's Details:

Name / Company

Authorised Representative

Street and Number

Postal Code, Town

Telephone no.

Fax

Email

Homepage

I/we hereby apply for accreditation as a provider of the following CECRA Modules:

CECRA Module 1 – My Profile as a Consultant

CECRA Module 2 - Communication and Relationship Building in Advisory Work

IALB-Geschäftsstelle:

Porschestraße 5a

84030 Landshut

Deutschland

kontakt@cecra.net

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

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.

Annexes	
1.	Overview of training provision in rural areas
2.	Company profile / mission statement (optional)
3.	Trainer Profile for all trainers to be used (optionally with photo)
a)	- List of qualifications earned
b)	- List of events held, generally in the past 2 years, naming the target groups
4.	Concept (e.g. trainer guidelines) for the requested modules, stating <ul style="list-style-type: none">- the learning objectives / action competencies, contents and methodologies, as well as the time frame- the documents and resources to be used
5.	Terms and conditions

A specimen copy of the CECRA confirmation of attendance with your own logo added will be submitted to the 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 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