

## **Application for Re-Accreditation**

**- Module and Provider Accreditation -**

### **Annex 12**

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Applicant's Details:

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

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

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

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

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

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

\_\_\_\_\_  
Homepage

Hereby, I/we apply for the prolongation of the accreditation from the \_\_\_\_\_ .

Following modules should be further accredited:

CECRA-Module 1 – My profile as an advisor

CECRA-Module 2 – Communication and building relationships in advisory work

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

**IALB-Geschäftsstelle:**

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**Deutschland**

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

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

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With my/our signature(s), I/we agree to the criteria for CECRA Accreditation, as amended from time to time.  
This Application for Re-Accreditation is to be submitted together with all of the required documents to the IALB office at the following address:

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Place, Date

Stamp

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Signature of Applicant /  
Authorised Representative