



FIRST AID INTERNATIONAL™

CENTRE APPROVAL APPLICATION FORM

For Centres seeking approval to offer courses
awarded by First Aid International Ltd

Important Information

1. Completion Notes

The Centre Support Team is available should you require any assistance to complete the form. (See below)

This form can be used to apply for:

- Initial centre approval.

2. New Centre

Organisations that are applying for approval to offer FAI courses are requested to complete section 1 and then send the form and supporting documents to Centre Support. Receipt of an application for approval will be acknowledged within 5 working days. An initial review is conducted to ensure the form is completed properly. If the application form details are complete we will forward it to an appropriate FAI External Verifier (EV). The EV will contact you within 10 working days and verify that all the approval criteria have been satisfied.

3. Fees

Fees are in the current fees list which can be requested from Centre Support or downloaded from the website.

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Website: www.firstaidinternational.com

Section One

Centre Details

Please complete the form using black ink and BLOCK CAPITALS.

| | | | | | | | | | |
|---|----------------------|--|----------------------|-----|----|-----------------------|--|----------------------|--|
| Centre Name | | Centre Address | | | | | | | |
| | | | | | | | | | |
| Tel | | Fax | | | | | | | |
| Website | | Email | | | | | | | |
| Types of Centre – Please tick the closest description | | | | | | | | | |
| 1. Private Training Provider <input type="radio"/> 2. Employer/Corporate <input type="radio"/> 3. Further Education College <input type="radio"/> 4. Sixth Form College <input type="radio"/> 5. Independent School/College <input type="radio"/> 6. School <input type="radio"/> 7. Specialist School/College <input type="radio"/> 8. Special Needs School/College <input type="radio"/> 9. Higher Education Institution <input type="radio"/> 10. Vol Organisation/Charity <input type="radio"/> 11. Local Authority <input type="radio"/> 12. Adult/Community Provider <input type="radio"/> | | | | | | | | | |
| Other | <input type="text"/> | | | | | | | | |
| Head of Centre | | Examinations Officer | | | | | | | |
| Title: | | Title: | | | | | | | |
| First Name: | | First Name: | | | | | | | |
| Surname: | | Surname: | | | | | | | |
| Head of Quality | | Quality Assurance Programme (ISO, IIP etc) | | | | | | | |
| Title: | | <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td colspan="2">Name of Awarding Body</td> </tr> <tr> <td colspan="2"><input type="text"/></td> </tr> </table> | | Yes | No | Name of Awarding Body | | <input type="text"/> | |
| Yes | No | | | | | | | | |
| Name of Awarding Body | | | | | | | | | |
| <input type="text"/> | | | | | | | | | |
| First Name: | | | | | | | | | |
| Surname: | | | | | | | | | |
| Refused by other Awarding Bodies | Yes/No | Reason: | <input type="text"/> | | | | | | |
| If the course(s) you are applying for are to be delivered in satellite centres please provide details below. If more than one please provide the details on a separate sheet. | | | | | | | | | |
| Centre Name | | | Address: | | | | | | |
| Centre Contact | | | | | | | | | |
| Tel | | | | | | | | | |
| E-mail | | Fax | | | | | | | |

Section One

NOTES:

| FAI USE ONLY: | | | |
|-----------------------|-----------|-------------------|--------|
| Date Certificate Sent | Signature | Mail Tracking No. | AC No. |
| | | | |