



Training Provider application for ENDORSEMENT of training courses

Application to the Training Academy seeking endorsement of training courses for the Institute's CPD programme.

Please allow one application per activity.

Organisation details			
Organisation name			
Contact person			
Email address			
Address			
Phone		Fax	
Activity logistics			
Activity			
Licensing class(es) that will benefit			
Content			
Presenter/s			
Learning objective			

Learning outcome	
Activity to align with competency(ies)	
Activity detail	
Location	
Duration of activity	
Duration of endorsement requested	(Please note: the maximum period of time granted is two years)
Dates	
Cost / investment	
Structure	e.g. evening/breakfast event / lecture format / conference
Contact person	
Qualification and accreditations	
Will attendance certificates be given to attendees if requested?	Yes / No
Please send me information regarding the use of the Training Academy logo	Yes / No

Name of contact person

Signature of contact person

Date

Training Academy PO Box 11424, Manners Street Wellington 6142	Email: training@boinz.org.nz Phone: 04 473 6003 Fax: 04 473 6004
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