

All parts to be completed by the Accountable Person.

Part 1: Organisation & contact details

Expiry date:

Training organisation name:

HSENI approval number:

Primary contact name: *(please print clearly)*

Contact telephone number:

Contact email: *(please print clearly)*

Please note that **all** sections must be completed. Incomplete returns will result in an otherwise avoidable delay in your re-approval. You are reminded that courses cannot be delivered where approval is not in place.

Part 2: Resources & administration

Please send a copy your current list of Trainer / Assessors list. In the event that any of the individuals named no longer provide services on your behalf and you wish to have them removed from your list please detail below. *(if you do not wish to remove anyone from your list please tick "not applicable")*

Not applicable:

Have there been any changes to your course, teaching methods, materials (including books and certificates) or the conduct of your examinations since your approval / last re-approval?

Yes: No: *(if "yes" please detail below & attach copies)*

Additional materials which you should supply by return:

1: Have you changed address or contact details?

(please attach and tick this box)

2: If you have run less than 3 courses in the last year, please provide an explanation

3: Individual returns in respect of the experience, competencies, quality assurance and training activities of each of your Trainer /Assessors.

(please attach and tick this box)

Part 3: Statement of undertaking by Accountable Person

I hereby confirm that the information provided above and attachments hereto are a true and accurate summary.

(Print name)

Date:

Signature:

As the Accountable Person for the aforementioned organisation