



# APPLICATION FORM

REGISTERED CPD TRAINING PROVIDER

# APPLICATION FORM

Company name:

Address:

Key contact name:

Job Title:

Phone:

Email:

Website:

Company Registered No:

Search engine keywords which describe your CPD offerings:

1.

2.

3.

4.

5.

6.

## GENERAL COMPANY OVERVIEW:

Course Name:

Course Director / Author:

Course Aim:

Course Overview:

# APPLICATION FORM CONTINUED

Specific Learning Objectives:

Detailed career overview of trainer(s). Please state relevant academic qualifications.

*Please highlight those who have obtained Chartered Engineer status:*

# APPLICATION FORM CONTINUED

The award the course / programme leads to (where applicable):

Relevant Testimonials:

## FURTHER REQUIREMENTS:

Along with the information above the following documents are also required:

- Please attach a soft copy of course / programme slides
- Please attach a soft copy of course / programme trainer notes
- Please attach a soft copy of course / programme exam / test / quiz etc. (where applicable)
- Please attach a soft copy of course /programme evaluation form

## PLEASE INDICATE METHOD OF PAYMENT

I enclose cheque for €750

**Card Payment** Please debit my:  Laser  Visa  American Express  MasterCard with €

Card No    Expiry Date  CCV No

Cardholder's Name

Cardholder's Billing Address

I declare that this application is made in good faith in accordance with the ethical standards of Engineers Ireland. All relevant facts have been disclosed.

Name:

Position in Organisation:  Date (D/M/Y):

**Return to: The CPD Director, Engineers Ireland, 22 Clyde Road, Ballsbridge, Dublin 4.**