**Application for accreditation**

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| --- | --- |
| **BASIC INFORMATION ABOUT THE APPLICANT** | |
|
| **Company name:** |  |
| **Identification no:** |  |
| **VAT Identification no:** |  |
| **Legal record filed at** |  |
| **Headquarters:** |  |
| **Web pages:** |  |
|  | |
| **BANK DETAILS** | |
|
| **Bank account no.:** |  |
| **Bank code:** |  |
| **IBAN:** |  |
| **BIC/SWIFT:** |  |
|  | |
| **CONTACT PERSON** | |
|
| **Name / Position:** |  |
| **E-mail:** |  |
| **Tel.:** |  |
| **Fax:** |  |
|  | |
| **SHORT COMPANY PROFILE (9 lines max.)** | |
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|  | |

**TYPE OF ACCREDITATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification scheme** | **Language** | **Training material** | **Training provider** |
|  | EN/CZ/SK | name of the file, including version | name of the training provider company |
| example: CTFL 4.0 | EN/CZ/SK | name of the file, including version |
|  | EN/CZ/SK | name of the file, including version |

Note: Score out non-applicable.

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| **Total cost of the accreditation** |  |

**I am attaching following documents to this application:**

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| **1.** | Signed CaSQB Mutual Non Disclosure and Confidentiality Agreement |
| **2.** | Document proving the accreditation fee was fully paid |
| **3.** | Training material consisting of: |
| **4.** | Cross-reference coverage matrix of the syllabus by training material |
| **5.** | Training durations for each topic of the syllabus |
| **6.** | Document describing configuration management of training materials |
| **7.** | CV(s) of trainer(s) |
| **8.** | Proof of accreditation of already existing accredited training materials |

Note: Score out non-applicable. Fill-in all items of a training material under point 3.

By signing this document, I agree to terms and conditions of the valid Accreditation guidelines of the Czech and Slovak Quality Board, z.s. I also understand that the accreditation fee is not refundable, even in a case of unsuccessful accreditation.

|  |  |  |  |
| --- | --- | --- | --- |
| **In** |  | **date** |  |

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| --- |
|  |

**Name and signature of an authorized person of the applicant**