



LONDON CENTRE *of* MARKETING



***Accreditation  
Application Form***

**Guidance Notes:**

1. Please fill out the form in full using **CAPITAL LETTERS**
2. There are four sections in this application. Please complete **all** sections using either **BLUE** or **BLACK** ink only.
3. If there is insufficient space under any heading, please attach separate document(s)/ sheet(s) of paper to this form.
4. There are **no** fees incurred in the accreditation process.
5. Each application is considered individually and an evaluation made based on the information provided by the Institution.
6. An institutional review may be requested at the discretion of London Centre of Marketing's International Director.

**SECTION I: TRAINING INSTITUTION DETAILS**

1. Name of teaching establishment: .....

..... Date Founded: .....

Address of establishment .....

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Telephone: ..... Fax: .....

Email: ..... Website: .....

2. Address of Administrative headquarters / Registered Office (if different from above):

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3. Does the government / education ministry in your country require teaching establishments to be registered?

State: YES  or NO

If Yes, indicate registration number (and attach a copy of relevant documentation):

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4. Is there intent to offer the programme applied for at any other site, other than the one listed in clause 1 of this form?

State: YES  or NO

*If Yes, a separate application form should be completed for each individual site.*

5. State name and job title of person to whom all correspondence should be addressed:

Name: ..... Title: .....

6. Does your establishment have other branches? If Yes, please provide details:

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7. What is the legal status of the establishment? (Circle as appropriate)

Limited Company      Partnership      Trust      Unincorporated

8. If Limited Company please state:

Registered Name: ..... Country of Registration: .....

Names and Addresses of all offices representing the company: .....

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9. If Partnership please state:

Names and Addresses of all partners representing the company:

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10. If Unincorporated please state:

Names and Addresses of all partners:

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11. Details of the Head of the establishment:

Name:..... Job Title: .....

Address: .....

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12. Please attach copies of all current prospectuses, information and marketing materials to this application.

**SECTION 2: CURRENT STATUS**

13. How many teachers does your establishment employ?

FULLTIME: ..... PARTTIME: .....

14. Indicate the number of full time administrative staff that your establishment employs:

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15. Name of Director of Studies or Academic Head: .....

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**SECTION 4: TERMS AND CONDITIONS**

*We further confirm that all the statements made in response to, and all the information and documents provided, are complete and correct to the best of our knowledge and belief. We understand that any false statements or the withholding of any relevant information may provide grounds for refusal or withdrawal of Registration or for its cancellation if such Registration has been granted.*

*We understand and accept that any decision made by London Centre of Marketing in respect to the granting, withholding, withdrawal or cancellation of this Institution's Accreditation shall be final.*

Name and Address of organization

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Name in full.....

Position in organization.....

Date.....      Si gnature.....



Notes:

A series of 25 horizontal dotted lines for writing notes.