

**Course Endorsement Application**

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| --- | --- |
| Name of Course : |  |
|  |
| Type : | Commercial / Non Commercial *please delete as appropriate* |
|  |
| Applicant : |  |
| Contact details : |  |
|  |
| Invoice Address : |  |
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**Please confirm :**

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| --- | --- |
| If the course is theoretical | YES / NO *please delete as appropriate* |
| Contains Live Scanning | YES / NO *please delete as appropriate* |

**Location of Course :**

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| --- |
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|  |

**Please attach a copy of the course programme with the application**

**Course Director :**

|  |  |
| --- | --- |
| **Name** | **Qualifications** |
|  |  |

**List of Faculty**

|  |  |
| --- | --- |
| **Name** | **Qualifications** |
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**Target Groups :**

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|  |

**Please attach a copy of the course programme with the application**

Signed ……………………………………………………………………………………………………………….

Date …………………………………………………………………………………………………………………..

Please send your form to emma@bmus.org