

**Course Endorsement Application**

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| **Course Details** |
| **Name of Course**  |  |
| **Type of Course** | Commercial Non Commercial |
| **Endorsement** | Endorsement onlyEndorsement with BMUS CPD Points |
| **Applicant** |  |
| **Contact Details** |  |
| **Invoice Address** |  |
| **Purchase Order No.**  |  |

**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* |

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| **Location of Course:** |  |

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

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| **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