

PROGRAMME PROVIDER'S APPLICATION FORM FOR ACCREDITATION OF TOURIST GUIDE TRAINING PROGRAMME

Full Title of Programme _____ Level _____

Please complete in BLOCK CAPITALS

Title of Organisation	
Address	
Contact Numbers	
E-mail <i>(to avoid mistakes, please attach print-out)</i>	
Website Address	
Name of Individual to be Programme Director	
Relevant Qualifications/Experience of Programme Director	
Previous similar or related programmes run by organisation with: a) dates b) awarding body c) number of participants d) number achieving the qualification/ successfully completing the programme	

**We enclose our remittance made out to “Institute of Tourist Guiding” for *(delete as appropriate)*:
£600.00 (Level 4) – £390.00 (Level 3) – £260.00 (Level 2) – £50.00 (Endorsement)
for consideration of our proposed Programme, details of which are enclosed.**

Signature (of applicant) _____

Position _____ Date _____

Application Form - January 2012