

Application Form for AFFILIATE ACCREDITATION WITH IEAC



1. INSTITUTION DETAILS

Please provide details of all places of operation and indicate which of these are to become affiliate members.

NAME OF INSTITUTION

Details of operation(s) to be accredited:

HEAD OF INSTITUTION

(Name, Title, e.g. Mr, Mrs, Ms, Professor, Doctor)

Name:

Direct Email:

Main Address:

Postcode:

Telephone

Number:

Fax Number:

Website Address:

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NAME & EMAIL ADDRESS

of person to whom all correspondence regarding the accreditation process should be addressed

Name:

Email:

ADDRESSES

of any other places the Institution operates

ADDRESSES

of administrative headquarters (if different from above):

WHERE DID YOU HEAR ABOUT IEAC?

WORD OF MOUTH

ONLINE SEARCH

COLLEAGUES

CONFERENCE

OTHER

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2. LEGAL STATUS AND FINANCIAL DETAILS

Details and dates of any recent (last 5 years) major re-structuring, such as change of ownership, change of Institution name, change of premises:

IS THE INSTITUTION PUBLICLY OR PRIVATELY OWNED?

Please indicate:

IF A PRIVATE COMPANY

please list the names of the Owners, Directors, Governors, Trustees and Officers of the company

Owners:

Directors:

Officers:

Governors:

Trustees

IF A PRIVATE

please give full details, including name, legal status, country in which the organisation was founded/incorporated etc

Company Name:

Registration Number:

Date of Registration:

Is the company limited by shares or by guarantee?

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IS THE INSTITUTION A LIMITED COMPANY (OR THE LOCAL EQUIVALENT)?

YES

NO

IN PROGRESS

NOT APPLICABLE

IF THE INSTITUTION IS NOT A LIMITED COMPANY

please state the terms on which the business operates

3. EXISTING ACCREDITATION/S

Please list your existing accreditations. Some of these may relate to diverse fields such as Quality Assurance, Specific Memberships and Education Accreditation organisations.