

PLEASE USE BLACK INK AND WRITE CLEARLY IN BLOCK CAPITALS

ALL FIELDS ARE MANDATORY, PLEASE COMPLETE ALL FIELDS TO AVOID ANY DELAY IN PROCESSING YOUR APPLICATION

## Centre Details

Name of Centre			
Business Structure (Ltd,Partnership/SoleTrader)			
Address			
County/State		Country	
Postcode		Telephone Number	
Email Address			
Website			

## Course Details

Course Name			
Description of Course			
Course Duration			
Hours		Days	
What is the ratio of staff to students?			
How many courses do you run in a typical year?			
What is the maximum number of students per course?			

## Learning Aims and Outcomes

What are the aims and outcomes for the course?

Are the aims and outcomes covered in the training plans and resources?

Yes	No	If yes please provide evidence
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## Facilities

Where is the training carried out?

Is the training classroom based or practical?

Classroom	Practical	Both
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Are risk assessments available for all practical activities?

Yes	No	If yes please provide evidence
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## WOME SQEP

Do you have CV's for all tutors and assessors?

Yes	No	If yes please provide electronic copies
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Are all tutors and assessors' members of IExpE?

Yes	No
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Please provide electronic copies of any learner and tutor resources when submitting your application.

## National Occupational Standards

Has the course been mapped to relevant units of the National Occupational Standards?

Yes	No	If yes please provide evidence
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## Assessment

Is the course assessed?

Yes	No	If yes please describe method of assessment
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Please describe the marking criteria?

What is the duration of the assessment?

How do you inform learners of the assessment outcome?

What is the procedure in a case when a candidate fails?

Are there minimum pass marks and how are they communicated to the learner?

#### Other

Is there any other information you wish to provide to support your application?

Yes

No

If yes, please summarise below and provide electronic copies of any evidence where available

#### (Course Contact) / Declaration

If you require assistance please call 01785594136 or visit [www.iexpe.org](http://www.iexpe.org). Please send completed application form to **Institute of Explosives Engineers, Ground Floor, Unit 1, Greyfriars Business Park, Frank Foley Way, Stafford, ST16 2ST** or via email to [stephanieball@iexpe.org](mailto:stephanieball@iexpe.org)

Title		First Name(s)	
Surname/Family Name			
Job Title			

I declare that the statements made on this form are true to the best of my knowledge.

Signature

Date

Print Name