

# Application to be listed on iatp.org.uk

Name of training provider \_\_\_\_\_

Address of training provider \_\_\_\_\_

Postcode \_\_\_\_\_

Tel: \_\_\_\_\_ Website: \_\_\_\_\_

Fax: \_\_\_\_\_ Email \_\_\_\_\_

Contact name and position: \_\_\_\_\_

Type of training offered (please tick relevant boxes)					
Type 1		Type 2		Type 3	Type 4
Type 5		E - Learning			

Regions training offered (a maximum of 3 regions plus national, if applicable)										
Nat		SW		S		SE	Wales		W Mid	
E Mid		NW		NE		Scot	N.I.			

1. By ticking this box, the authorised signatory, below, confirms that every trainer employed or used by the training provider, above, meets the requirements stated in regulation 10 of L143.
2. By ticking this box, the authorised signatory, below, confirms that every trainer employed or used for licensed training by the training provider, above, meets the requirements stated in chapter 4 of HSG247.
3. By ticking this box, the authorised signatory, below, confirms that the training provider, above, has been suitably audited by an independent, external organisation in the last 12 months, or will do so in the next three months; and that the external organisation is competent to conduct such an audit. Please enclose proof of audit, including date of audit and organisation that conducted the audit.

Name of auditing organisation \_\_\_\_\_

Date of last audit / date of booked audit in next 3 months \_\_\_\_\_

Address of auditing organisation \_\_\_\_\_

Postcode \_\_\_\_\_

4. By ticking this box, the authorised signatory, below, confirms that the training provider, above, does not have a conflict of interest through their existing membership of an asbestos trade association involved in asbestos training.

By signing this form I confirm that I am authorised to sign on behalf of the training provider, above. I confirm that I agree to be bound by the conditions of the IATP, as listed above and detailed on the IATP website. I agree that should it be found that I, or a member of the training provider I am signing for, be in breach of the conditions of the IATP that said training provider will be removed from listing, with no refund, until the breach is rectified.

Name of authorised signatory \_\_\_\_\_

Position within training provider \_\_\_\_\_

Signature \_\_\_\_\_

Date of signature \_\_\_\_\_

Please post this form along with a cheque for £250, made out to IATP, and proof of audit to:  
IATP, PO BOX 870, Taunton, Somerset TA1 9GX

Alternatively, please email scanned copies of this form and proof of audit to [iatp@live.co.uk](mailto:iatp@live.co.uk) BACS details available on request.