



TRAINING PROVIDER

Application Form

Legal Status, Compliance & Financial Information

Name of Training Provider:		
Address		
Telephone No:	Fax No:	Email:
		Programmes to be approved for
		CCNSG <input type="checkbox"/>
		TECSkills <input type="checkbox"/>
		Apprenticeships <input type="checkbox"/>
		TS & MP <input type="checkbox"/>
		Please List Below

ORGANISATION & FINANCE

Please provide the organisation's full legal name /trading names or styles

Please state if the organisation is:

- A limited company
- An unlimited partnership
- A limited liability partnership
- A sole trader
- A charity
- An unincorporated association
- A local authority
- A government body

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Tick the appropriate box(es)

If a partnership or sole trader, please provide full personal details of the partners or the sole trader. This must include:

- Full names
- Home & business addresses
- Telephone numbers
- Email addresses

Details

If a limited company and/or a charity, please provide full company/charity registration details, which should include:

- Registered numbers
- Country of registration
- Registered/principal office addresses
- Full details of directors, trustees and secretary.

Details

For all other types of organisation (including public bodies), please provide details of the following:

- The organisation's type
- Details of the principal office including address, telephone and fax numbers, email address

Details

LEGAL COMPLIANCE

Has the organisation entered into any arrangements with its creditors, administration or receivership within the last 3 years?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes, please give details.

Details

Have any of the directors/trustees/ controllers of the organisation ever been :

Barred from servings as a company director?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes, please give details

Convicted of any offence under the Theft Acts or any other offence involving financial impropriety?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes, please give details.

Details

Have any of the organisation's owners, controllers, directors or trustees been an officer of any company or business which has entered into any arrangements with its creditors, bankruptcy, liquidation, receivership or administration with the past 3 years?

Yes	
No	

If yes, please give details.

Details

Please state if any of the owners, directors, trustees or controllers of the company or business is an undischarged bankrupt.

Yes	
No	

If yes, please give details.

Details

FINANCIAL HEALTH AND VIABILITY

The organisation must produce the following documents:

Audited annual accounts (or if unavailable management accounts) for the last three financial years.

Attached

Yes	
No	

If no, please explain why. If a new company less than a year old, please supply all available audited accounts.

A satisfactory reference from the organisation's current bank which confirms that the party is financially viable.

Attached

Yes	
No	

If no, please explain why.

References from two trade which have had trading relationships with the organisation for at least two years.

Attached

Yes	
No	

If no, please explain why.