

## BOHS APPROVED COURSE SCHEME: COURSE PROVIDER APPLICATION FORM & CHECKLIST

---

Please complete the details/tick the checklist boxes below, as appropriate, and email along with a formal letter of application providing all of the additional information requested to: [charlotte@bohs.org](mailto:charlotte@bohs.org)

|   |     |  |
|---|-----|--|
| Key contact name  |     |  |
| Email address   |     |  |
| Telephone number  |     |  |
| Company name  |     |  |
| Company address   |     |  |
|   |     |  |
|   |     |  |
| Postcode  |     |  |
| Company affiliations [eg. BOHS, IOSH]   |     |  |
| Course title  |     |  |
| Duration of course  |     |  |
| <b>Procedures for course management*:</b><br>Tick box to confirm full details attached to/included within application letter [see Appendix 3 of Terms of Reference] | [ ] | <b>*This information is NOT required from existing BOHS Course Providers</b> |
| <b>Copy of syllabus/learning outcomes:</b><br>Tick box to confirm full details attached to/included within application letter                                       | [ ] |  |
| <b>Names/CVs of trainers (internal &amp; external):</b><br>Tick box to confirm full details attached to/included within application letter                          | [ ] |  |
| <b>List of proposed dates/venues for course:</b><br>Tick box to confirm full details attached to/included within application letter                                 | [ ] |  |