



## APPLICATION

### ITLS Training Centre

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yy

(1) What organization is applying to become a training centre?

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Country \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

***A letter of support from the sponsoring organization must accompany the application.***

(2) What is the purpose of the organization?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(3) Where will the centre be located?

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Country \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**(4) What ITLS courses do you intend to run?**

\_\_\_ ITLS Provider                      \_\_\_ ITLS Instructor

\_\_\_ ITLS Pediatric                      \_\_\_ ITLS Access

**(5) How many students per year do you estimate you will train in ITLS?**

Providers \_\_\_\_\_

Instructors \_\_\_\_\_

Pediatric \_\_\_\_\_

Access \_\_\_\_\_

**(6) In what language will the ITLS courses be taught? \_\_\_\_\_**

**(7) Who will be the Centre Coordinator?**

Name \_\_\_\_\_

Credentials \_\_\_\_\_

Title \_\_\_\_\_

Address (if different from above)

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Summary of Qualifications and Experience:

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Please attach a current CV.**

- (9) Please identify the ITLS instructors you intend to use and where they received their ITLS certification. Please attach copies of their ITLS cards:**

<u>Name</u>	<u>Chapter Certified</u>

- (10) Please describe the student population:**

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- (11) Please describe the training facility that will be used for ITLS courses.**

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- (12) What arrangements does the centre have in terms of administrative support?**

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