APPLICATION FOR CERTIFICATION

**Information on the applying Continuing Education and Training (CET) Institution**

Company Name:

Street Address:

Postal Code/City:

Contact Person for the Certification Body:

Phone Number:       Email:

Certifiable unit (e.g., CET Institution or in-house CET Department):

Scope of Certification (Content-areas and Type of Continuing Education and Training Offers):

Information about the Institution and its CET Programs (website, brochures):

Structure of the CET Institution: head office, locations, subsidiaries, legal form (also see table on the next page)

Quality Management System (QMS): consistent for the entire scope; varies by location/department:

Scope of Additional Services (educational trips, catering, accommodation, etc.):

Number of Employees:

Number of Participant Lessons per Year (average from 3 years) for the entire Scope

A: <25'000

B: 25'000 to 100'000

C: >100'000

Enclosures to the Dossier:

Please fill in if the CET institution has several locations:

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| Name and Address Location | Activities per Location | | | | | | | Number of Participant Lessons per Year | Number of CET Offers |
| Own Management | Central functions (responsible for offers or QMS) | Development of own CET offers | Recruitment of personnel at the location | Dedicated training team per location | Organization and Handling of training | Other |
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eduQua office, 1st edition, December 2021

Revised version, November 2023