

Accreditation Request Form



"the home for the Office Professional dedicated to lifelong learning"

(Please ensure that a course outline / programme is attached to this form)

Institute for Certified Administrative Professionals

Tel: 011 615 2868

Fax: 0866 179 688

Email: registration@capinstitute.co.za

Website: www.competencyservices.co.za

Please complete the details and fax to 0866 179 688
or email to registration@capinstitute.co.za

DATE OF APPLICATION.....

NAME OF TRAINING PROVIDER.....

CONTACT PERSON

CONTACT DETAILS

E-MAIL.....

TITLE OF COURSE / SEMINAR

ONCE-OFF / ONGOING.....
(If once-off, please supply date)

ESTIMATED DURATION OF COURSE / SEMINAR.....

10 POINT SYNOPSIS OF THE COURSE / SEMINAR WITH CONTINUOUS CONTACT HOURS PER POINT

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

PLEASE FAX THIS FORM TOGETHER WITH THE COURSE OUTLINE / PROGRAMME TO 0866179688

FOR ICAP OFFICE USE ONLY

ACCREDITED: YES NO REASON:

CAP / CPS PROGRAMME PART:.....

GROUP:.....

NO OF POINTS:

DATE ACCREDITED:.....

VALIDITY PERIOD FOR ONGOING COURSES:.....

SIGNATURE:.....