

Annex 1 Master sheet:

Application for IKAM Accreditation/ [RE Accreditation](#) of Continuing or Further Education

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|----------------------|--|
| Name of school: | |
| Legal entity: | |
| Educational offer: | |
| Date of application: | |

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|-------------|--|
| Postcode: | |
| Place: | |
| Street/no.: | |
| Country: | |
| Phone: | |
| Fax: | |
| E-Mail: | |

Training team/Lecturers:

| | |
|----|--|
| 1: | |
| 2: | |
| 3: | |

Professionals responsible:

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Qualification of the training team and the and person responsible for training:

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Contact for questions:

E-Mail:

Check for completeness, to be completed by the applicant:

| | |
|---------------------------------|--------------------------|
| Annex_2_Overview | <input type="checkbox"/> |
| Annex_2_Objectives-Main Concept | <input type="checkbox"/> |
| Annex_2_Curriculum | <input type="checkbox"/> |
| Annex_2_Resources | <input type="checkbox"/> |
| Annex_2_Qualifications | <input type="checkbox"/> |
| Annex_2_Quality Assurance | <input type="checkbox"/> |
| Annex_2_Funding | <input type="checkbox"/> |
| Annex_2_Legal | <input type="checkbox"/> |

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|-----------------|--|
| Auditor - Name: | |
| Adress: | |
| E-Mai: | |

| | |
|-----------------|--|
| Auditor - Name: | |
| Adress: | |
| E-Mai: | |

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|-------------------------|--|
| Check for completeness: | |
| Audit report review: | |

Recommendation to the Board/Committee:

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