

## RENEWAL APPLICATION FOR PROVIDERSHIP OF BOS TRAINING AND ASSESSMENT SCHEMES

THIS FORM MUST ONLY BE USED TO RENEW SCHEMES FOR WHICH YOU HAVE HELD APPROVAL WITHIN THE LAST THREE YEARS

Provider Name:

MI Number:

BOS Number:

Contact telephone number:

Postal Address:

Email Address:

Web Address:

Qualifications Held:

Are you a current paid up full member of MI?

☐

Have you a valid and current first aid cert?

☐

Have you adequate Public liability insurance cover?

☐

Public courses

☐

Scheme applying to be renewed

MST

☐

MSA

☐

WGL

☐

MLT

☐

MLA

☐

SPAT

☐

SPAA

☐

MPAT

☐

MPAA

☐

CWA

☐

CWLA

☐

LLA

☐







*Providers must have delivered at least one complete course / previous providership agreement period. Please fill in the date of a course you have delivered for all schemes to be renewed in line with this requirement.*

Do you want your details on the public provider list?

☐

Would you like to be listed as providing courses nationwide?

☐

Please give one example of Continuing Professional Development attended by provider since last renewal

type  
location  
date  
duration

  
  
  


*Provider CPD recognised by BOS to fulfil this requirement include: provider workshops as organised by BOS, MT.NI, MT.E, MT.S and MT.C*

Any other CPD that you would like to have recorded within your BOS records:

How would you like to pay the Provider support fee? (€100 per scheme to a max. of €200)

Card  
Cheque

☐
☐

please phone in details payable to MI

Bank draft  
Invoice

☐
☐

payable to MI made out to whom?

I confirm that I have read the Provider Agreement, and accompanying documents in full and that all the information presented here is accurate:

☐

Date: