

APPLICATION FOR NEW OR FIRST TIME PROVIDERSHIP OF MI/MTBI TRAINING AND ASSESSMENT SCHEMES

THIS FORM IS FOR NEW AND FIRST TIME APPLICATIONS ONLY. A SEPARATE FORM MUST BE USED FOR EACH SCHEME. IF EXEMPTION IS TO BE SOUGHT FROM ANY PARTICULAR REQUIREMENT AT STATED WITHIN THE 'GUIDANCE NOTES AND CRITERIA FOR MI/MTBI PROVIDERS' THEN THIS FORM SHOULD BE ACCOMPANIED BY A LETTER CLEARLY DEMONSTRATING THE DETAILS REGARDING THE REQUESTING EXEMPTION.

Applicant Name:

Are you a current paid up full member of MI?

☐

MI Number:

Have you a valid and current first aid cert?

☐

Contact telephone number:

Have you adequate Public liability insurance cover?

☐

Postal Address:

Email Address:

Public courses

☐

Web Address:

Qualifications Held:

Please include date awarded

Scheme applying for

MST

☐

MSA

☐

H&MLT

☐

MLT

☐

SPAT/RCI

☐

MPAT

☐

CWAT/CWI

☐

CWLAT/CWDI

☐

LLA

☐

L1CCA

☐

This section should clearly demonstrate the requirement to have observed/assisted on a number of courses in line with the 'Guidance notes and criteria for MTBI Providers'. Please include the course dates and course director's name, showing evidence of the minimum requirement.

Do you want your details on the public provider list?

☐

Would you like to be listed as providing courses nationwide?

☐

Please give details of relevant workshop attended:

type

location

date

duration

If applying for your first MTBI providership this section must include details of attendance at an official MTBI Train the Trainers workshop

Provided evidence of all additional Requirements as outlined in Steps 1-6 of the CP Approval Process in the Provider's Handbook.

How would you like to pay the Provider support fee? (€125 per scheme to a max. of €250)

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:

Signature:

Date: