

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	<input type="text"/>	}
	location	<input type="text"/>	
	date	<input type="text"/>	
	duration	<input type="text"/>	

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

Provide 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

please phone in details

Cheque

payable to MI

Bank draft

payable to MI

Invoice

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: