

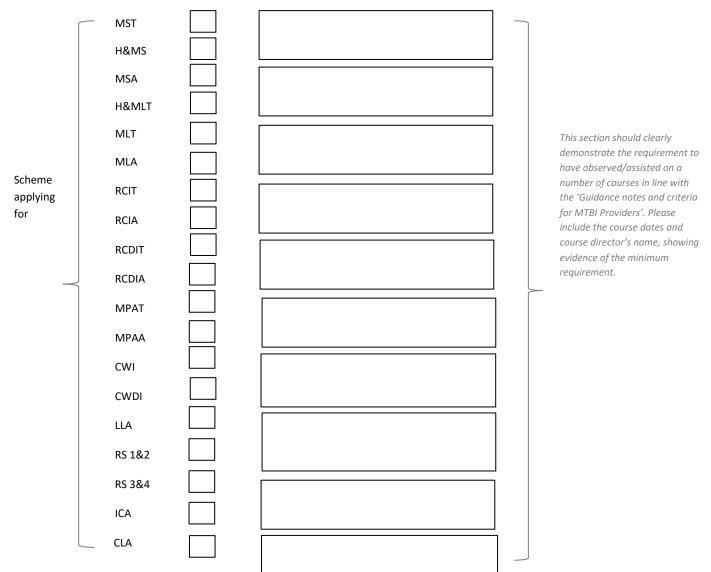
APPLICATION FOR NEW OR FIRST TIME PROVIDERSHIP OF MTBI TRAINING AND ASSESSMENT SCHEMES



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
Postal Address:	insurance cover?
Email Address:	Public courses
Web Address:	
Qualifications Held:	Please include date awarded

* PLEASE INSERT COURSE DATES EVIDENCE HERE:



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
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 Agree in full and that all the information presented		Date: