

Membership Application Form Awarding/Examination Bodies

Name of Organization: _____

Name of Contact: _____

Address: _____

Country: _____

Post/Zip Code: _____

Tel No.: _____ Fax No.: _____

E-mail Address: _____ Website Address: _____

Please Answer the following questions:-

1. If you are a private awarding body, please state which official Accreditation you hold?

2. Please write the type of Courses/ exams you currently run or offer?

1. _____

2. _____

3. _____

4. _____

5. _____

3. Please state the number of approximate candidates completed these courses?

4. Please briefly describes the assessment method for your courses?

5. Please state the courses you want to promote with regional preferences (if any)?

6. Please state the target number of students (if any)?

Where did you hear about Education Consortium?

Signature: _____

Designation: _____

Please FAX or post the application as below

**Education Consortium Ltd
Suite # 124, 111 West George Street
Glasgow
G2 1QX
United Kingdom**

**Tel: 00 44 141 416 5595
Fax:00 44 141 282 9897**