## COURSE APPROVAL RENEWAL/APPLICATION

**Please complete the below Proforma and return to office@opening-doors.org.uk**

| **1. Applicant Details** | |
|---|---|
| Name of Organisation/Institution: | |
| Contact Person Name and Title: | |
| Invoice Address: | |
| Email Address: | |
| Phone Number: | |

| **2. Course Details** | |
|---|---|
| Full Course Name: | |
| Type of Course: (e.g., Core of Knowledge, Laser Safety, etc.) | |
| Delivery Format: (e.g., Online, In-Person, Hybrid) | |
| Location(s) of Delivery: | |
| Duration of Course: | |
| Proposed dates/frequency: | |

| **3. Educational Content** | |
|---|---|
| Summary of Syllabus and Learning Objectives: (Attach detailed syllabus if necessary) | |
| ***If you intend to use the BMLA course syllabus published on the website, tick the box/es as appropriate:*** | |
| BMLA Core of Knowledge ☐ | BMLA Laser Safety Awareness ☐ |

| **4. Trainers and Accreditation** | |
|---|---|
| Trainer Name(s) and Qualifications: | |
| Course Organiser: | |
| Current Accreditation or Approval (if any): | |

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| 5. Practical Components | |
|---|---|
| **Description of Practical Training Included:** (Include details about equipment, environment, and tasks) | |

| 6. Quality Assurance | |
|---|---|
| Methods for Evaluating Learning Outcomes: | |
| Feedback Mechanisms for Course Participants: | |

| 7. Supporting Documents | |
|---|---|
| Course Outline | |
| Trainer CVs | |
| Equipment Information | |
| Safety Protocols | |

| 8. Declaration | |
|---|---|
| *By signing, I confirm the information provided is accurate and in compliance with the BMLA Essential Standards.* | |
| **Name:** | |
| **Date:** | |
| **Signature:** | |