

## Becoming a distance-learning CPD provider

### Application for authorisation

Education & Training Unit  
Version 1

1. Organisation (firm, company, institution name)

Address

Contact name (Mr/Mrs/Miss/Ms)

DX address

Telephone number

Fax number

E-mail address

Please provide details of one course as an example with this application form.

2. Course title

3. Course date

**Please note:** Accreditation only applies to future courses being offered and approval of the application being granted prior to the course taking place (ie if the full six weeks' notice is given).

4. What method(s) of presentation will be used?

- |                |                          |                |                          |
|----------------|--------------------------|----------------|--------------------------|
| Paper-based    | <input type="checkbox"/> | Computer       | <input type="checkbox"/> |
| Video          | <input type="checkbox"/> | CD-Rom         | <input type="checkbox"/> |
| Audio cassette | <input type="checkbox"/> | Internet site* | <input type="checkbox"/> |
| Audio CD       | <input type="checkbox"/> |                |                          |
| Television     | <input type="checkbox"/> |                |                          |

\*Is the internet site easy to access and use, without excessive hardware/software?

Yes  No

5. Is there an attendance element? Yes  No

If **yes**, is it compulsory? Yes  No

6. Will the coursework be assessed? Yes  No

If **yes**, by what method:

Examination

Delegate assignments

Project

Multiple choice questions

Other \_\_\_\_\_

7. What evaluation systems will you use? (Please give details on a separate sheet if necessary.)

8. How long will the course last? (average time anticipated to complete in hours)

9. At whom is the course aimed?

Solicitors only

Solicitors/other professionals

Other \_\_\_\_\_

10. Maximum number of participants who can access the system at any one time:

11. At what level is the course aimed?

Introductory

Intermediate

Advanced

Update

12. Please attach the following.

**Please note:** The application will not be processed until all the relevant information is received.

- a) A list of the course aims and intended learning outcomes
- b) A copy of the course programme (showing amount of time spent on each section/part)
- c) Details of the designers, the persons who set the questions and answers and/or who write the course materials, relevant qualifications and experience and part of course to which each will contribute
- d) Set of course materials including, as applicable, case studies, course/guidance notes, exercises (plus delegate handouts if attendance)
- e) The time-scale of the course
- f) If the course is to be assessed, details of the assessors' names and qualifications and sample assessments
- g) Details of how questions will be marked and how participants will be advised of their marks

- h) If workshops, ie active delegate participation, give details of how this will be organised, total number of participants per group
- i) Details of support, guidance and advice services available to participants
- j) Sample course-quality evaluation form
- k) Application fee £350.00 (excluding local Law Societies, Young Solicitors Groups and recognised Law Society Groups)

13. The SRA may take up references. Please provide names of two referees who are familiar with your organisation and the systems you use. It is preferable if the referees are solicitors or solicitors' firms but not course designers/assessors/tutors/speakers.

**Please note:** If this is your first course, the SRA would not expect you to nominate referees. Please indicate if this is the case.

Name  Mr/Mrs/Miss/Ms

Job title

Address

DX No  Tel no

E-mail

Name  Mr/Mrs/Miss/Ms

Job title

Address

DX No  Tel no

E-mail

Please send the completed application, together with a cheque for £350.00 made payable to "The Law Society," to

The Finance Department  
The Solicitors Regulation Authority  
Ipsley Court, Berrington Close,  
Redditch, Worcestershire B98 0TD

DX 19114 Redditch

14. Please indicate, by ticking the box below, that you have read, understood and agree to comply with the terms and conditions of authorisation.

Failure to tick the box will result in your application being returned to you and a delay in processing your application.

Signature

Job title

Date

FOR OFFICE USE ONLY
Recommendation _____
Conditions _____
_____
_____
Validation & Monitoring Officer
Date _____ Signature _____
Manager Validation & Monitoring
Date _____ Signature _____