

Continuing professional development

Becoming a Management Course Stage 1 provider

Application for authorisation

Education & Training Unit
Version 1

Organisation (firm, company, institution name)

Contact name

Address

DX number (if applicable)

Telephone number

Fax number

E-mail address

Web address

Will the course be offered (please tick appropriate box(es))

As a one-day course (minimum seven hours)

Modular

Other

Will case studies be used in the small group sessions? (please tick)

Yes

No

Tutor details: Please attach CVs of ALL tutors to be used on the course, indicating relevant experience for teaching on the course. In addition, please indicate whether the individual has experience of how a solicitors' firm operates.

Please tick the following box to indicate that ALL CVs have been attached

Aims and intended learning outcomes of the course

What evaluation systems will you use? (please use a separate sheet if necessary)

Please indicate which topics/headings will be covered in the courses you intend to run.

Course materials – please attach a set of course materials including, as applicable, case studies, lecture notes, exercises etc

Please tick the following box to indicate that all materials have been attached

Please indicate the maximum number of delegates for

The course

Each group for small group work
(the student-to-tutor ratio is 20:1)

Please send the completed application, together with a cheque for £350 made payable to 'The Law Society,' to

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

or

DX 19114
Redditch

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 & Training

Date _____ Signature _____