



## Expression of Interest Form Centre Approval

Name of Centre: \_\_\_\_\_

Address of Centre: \_\_\_\_\_

Centre Manager: \_\_\_\_\_

**Contact information:**

Email address: \_\_\_\_\_

Telephone nos. \_\_\_\_\_

Have you started conducting training yet? \_\_\_\_\_

If yes for how long have you been doing so? \_\_\_\_\_

**Please list the area/s for which you are seeking centre approval:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_