

BPPEC Programme Delivery Partner (PDP) Registration Form

All sections of this application form must be completed where applicable.

Company Details

Name of Company					
Registration Address <i>(including postcode)</i>					
Country					
Telephone Number <i>(including country codes)</i>					
Fax Number <i>(if applicable)</i>					
Website Address <i>(if applicable)</i>					
Type of Business	☐ Education Consultancy ☐ Financial Consultancy ☐ General Training Provider ☐ Immigration Services ☐ Other (Please specify _____)				
Name of the Company Owner					
Title		First Name		Family Name	

BPPEC Qualifications to Be Delivered

- ☐ British Independent School Foundation Level (BIS Foundation)
- ☐ British Independent School Practitioner Level (BIS Practitioner)

Contact Details

BPPEC Coordinator					
Title		First Name		Family Name	
Contact Number <i>(This is the telephone number for BPPEC to contact the PDP whenever necessary.)</i>					
Contact Email <i>(This is the Email address for BPPEC to forward email correspondences and sending electronic files.)</i>					
Contact Address <i>(This is the address for BPPEC to post certificates and any further correspondence to.)</i>					
Primary BPPEC Trainer					
Title		First Name		Family Name	
BIS Foundation Level Certification No.					
BIS Practitioner Level Certification No.					

Programme Delivery Site(s)

Provide further information if you plan to deliver BPPEC qualifications at any other sites than the company address given.

Additional Delivery Site 1

Name of Site <i>(if applicable)</i>	
Address of Site <i>(including postcode)</i>	
Country	
Telephone Number <i>(including country codes)</i>	

Fax Number <i>(if applicable)</i>	
Website Address <i>(if applicable)</i>	

Additional Delivery Site 2

Name of Site <i>(if applicable)</i>	
Address of Site <i>(including postcode)</i>	
Country	
Telephone Number <i>(including country codes)</i>	
Fax Number <i>(if applicable)</i>	
Website Address <i>(if applicable)</i>	

BPPEC Bank Account

Registration fee of £200 should be made to the following account. Use the name of the applicant as reference for the transaction.

Account Name: **The Board of Professional Practice for Education Consultants**

Bank Name: **The Metro Bank**

Sort Code: **23-05-80**

Account Number: **38920928**

BIC/Swift: **MYMBGB2L**

Email the following documents to admin@bppec.org with the subject title 'PDP Registration Application_ Name of Business Owner'

- Completed BPPEC Programme Delivery Partner (PDP) Registration Form
- A business plan (including Safety and security certificates of such facilities)
- Copy of company/business licence
- Copy of passport (photo page) of the business/company owner
- Copy of the trainer's BIS Foundation and BIS Practitioner certificates
- Proof of registration fee payment of £200