



## 1.2 insurance of treatment

  

I confirm that I have treatment insurance

Insurance

Insurance Registration Number:

Company Name:


## 1.3 Pigments and products

  

I confirm that I only use products that are professionally manufactured and follow all regulations in the country I am representative

I confirm that all products have required certificates

Products:

Company Name:


## 1.2. Registration with other organisations

If applicable and available, please provide the following information, where registered as a training provider:

UK provider reference number (UKPRN) <sup>1</sup>		
EU provider reference number country of registration		
National Centre Number (NCN) <sup>2</sup>		

<sup>1</sup> A UK provider reference number (UKPRN) (e.g. 10022592) can be obtained or checked on [www.ukrlp.co.uk](http://www.ukrlp.co.uk)

<sup>2</sup> A national centre number is a 4 or 5 digit number issued to centres when approved by a JCQ awarding organisation.

Please provide the following information if registered for VAT:

VAT number<sup>3</sup>

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<sup>3</sup> A VAT number can be verified online at the EU's official VIES website:  
[http://ec.europa.eu/taxation\\_customs/vies/vieshome.do](http://ec.europa.eu/taxation_customs/vies/vieshome.do)

### 1.3. Business information

The beauty salon

Limited Company

Company Registration Number:

Registered Company Name:


#### 1.3.1. Contact details

Main telephone

General enquiry email

Website address


#### 1.3.2. Appearance on the WTEO website

Once approved, your centre will be advertised on the WTEO website with some or all of above details.

Please indicate ( ) if you do **not** wish for your name to appear on our website(s).

Reason:

### 1.4. Invoicing and Finance Arrangements

#### 1.4.1. Invoicing Name

Please provide the following invoicing details:

Invoicing name (i.e Company/Business Name)

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### 1.4.2. Invoicing/Billing address

Address Line 1	
Address Line 2	
Town/City	
Postcode/Eircode	
Country	

Email address for invoices to be sent

### 1.4.3. Invoicing Currency

Please indicate ( ) which one currency you would like to be invoiced in:

 EUR (Euro)<sup>4</sup>

### 1.5. Certification address

Please provide an address for certificates to be sent to (this could be a same as the salon address or could be a head office address):

Please note all certificates sent are dispatched using "Signed For" service which requires a signatory on delivery, therefore please supply an address that is staffed during standard office hours.

Name and Surname

Address for certificates to be sent to:

Address Line 1:	
Address Line 2:	
Town/City:	
Postcode/Eircode:	
Country:	

## 1.6. Details of awarding / or competition

Do you already hold any other official or affiliated award for example 'pro artist'

Yes/No

If yes, please provide details for the approval that you hold:

Awarding Organisation	Approved for (qualifications/areas)	Approved since

## 2. Declaration

I declare that the information given in this application and, at the date of sending, the information provided is a true and accurate record to the best of my knowledge.

I confirm that I will meet the requirements of WTEO **Approval Criteria**.

Name:

Job title:

Email:

Telephone:

Date completed:


## 3. Submission

To submit your application, please email the following documents to:

[info@worldtrainereliteorganisation.com](mailto:info@worldtrainereliteorganisation.com)

This completed application form.

- Any relevant evidence that you have listed in section 3.2.

**4.1 The ARTIST must display a high standard of work** (a portfolio of your work is required for our viewing with your application would please add 6 photos of your work)

Document Review

Role	Review Status
Head of Quality	
Chief Academic Officer	

All WTEO applications is overseen and verified by our team of education and beauty experts. You can rest assured that you are teaming up with our highly experienced and reputable membership association. Our accreditation carries both weight and respect, which will only become more important as our industry moves closer to regulation

**The application process will take 4-6 weeks to be completed**

### 3.1.1. Terms of Use

Please read and agree to The Accreditation Group Terms of Use

By ticking this box you are accepting The CPD Accreditation Group Terms and Conditions to become an Accredited CPD Provider with the CPD Accredited Group.

By submitting this form you are agree with the storage and handling of your data by this website indentified by our Privacy Policy.

There is a one-off 20.00 payment to cover the cost of reviewing your CPD Trainer Application. Once complete and your application approved you will be issued your CPD Accreditation Number, Trainer Logo, Accreditation Trainer Certificate & Membership/ID Card.

Pay & Submit Application