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| **ACCREDITED CLPD ACTIVITY APPLICATION FORM A2**  |

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| **SECTION 1 : UAE COMPANY INFORMATION** |
| Company Name  | Click here to enter text. |
| CEO / Principal in charge name | Click here to enter text. | Contact telephone | Click here to enter text. |
| Email Address  | Click here to enter text. |
| Office Manager/ secretary name | Click here to enter text. | Contact telephone  | Click here to enter text. |
| Email Address | Click here to enter text. |

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| **COURSE INFORMATION**  |
| Please provide details of all intended course(s)  |
| Course title  | Click here to enter text. | Course date | Click here to enter a date. |
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| What presentation method(s) will be used the course? |
| [ ]  | Lecture | [ ]  | Group discussions | [ ]  | Workshops | [ ]  | Conference | [ ]  | Online |
| Will the course work be assessed  | [ ]  | Yes | [ ]  | No |
| If yes by what method? | Click here to enter text. |
| What evaluation systems will you use?  |
| Click here to enter text. |
| Maximum Number of delegates  | Click here to enter text. |
| What level is the course aimed at?  |
| [ ]  | Introductory | [ ]  | Intermediate | [ ]  | Advanced | [ ]  | Update |

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| **Course document should cover the following information:**  |
|  Method of presentation  | [ ]  |
|  Method of assessment  | [ ]  |
| System for evaluating course quality  | [ ]  |
| Length of course and mode of study | [ ]  |
| Course aims and objectives  | [ ]  |
| CVs of lecturers  | [ ]  |
| Course programme  | [ ]  |
| Set of course materials including, as applicable, case studies, lecture notes, exercises, delegate handouts | [ ]  |
| A copy of the course programme (giving start and end time, amount of time spent on each section/part | [ ]  |
| If the course is to be assessed, details of the assessor(’s) name(s) and qualifications and sample assessments | [ ]  |
| Details of attendance monitoring | [ ]  |

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| ***Initial:*** *Please print this form and initial against each declaration and undertaking in the space box provided:*  |
| [ ]  | I DECLARE and undertake that the contents of this application are true and correct; |
| [ ]  | I have read and am familiar with my obligations pursuant to the Continuing Legal Professional Development Accreditation guidelines and undertake to comply with the obligations stipulated therein as well as any obligations set out in all other Bylaws and instructions issued by the Government of Dubai Legal Affairs Department from time to time. |
| [ ]  | I understand that for the purposes of considering this application, the Department may request further information and make whatever inquiries that it considers relevant in determining whether to accredit the CLPD Activity, and I undertake to provide the Department with all requested documents and information whenever requested. |
| [ ]  | I understand that I have an on-going obligation to disclose to the Government of Dubai Legal Affairs Department, as soon as practicable, information about any matter that might affect my continuing eligibility to be an Accredited Provider. |
| [ ]  | I confirm that all of the required documents enclosed with this form are authentic and the contents have not been altered, nor changed in any way calculated to mislead the Department. |

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| **Applicant Full Name**  | Click here to enter text. |
| **Signature**  |  |
| **Date** | Click here to enter text. |