

Application to CED Accreditation Body for registration as an Individual Dispenser

Individual dispenser accreditation runs for one year from receipt of completed application and is renewable annually thereafter

All sections to be completed in full by the applicant:

First Name	
Surname	
Position in company or organisation	
Service Provider	
Address <small>(Please detail location from which the accredited activities will be undertaken)</small>	
County	
Postcode	
Telephone	
Email	

Qualifying entry level:

Please tick the relevant boxes for this section and sign at the end of the declaration:

I confirm that the information I have provided is correct and accurate. I confirm that I meet the accreditation requirements as below and the necessary validation documents will be held on my file and made available to the CED Accreditation Body upon request:

Signed: _____ Date: _____

- Gained three years experience in the healthcare sector and be able to evidence they have received relevant equipment training (such as manufacturers' certificates), and/or
- Successfully completed a recognised course for Community Equipment Dispensers, or
- Will have completed a recognised training course within six months of application (only applicable when first applying).

Please tell us about your Company or Organisation:

Name of company or organisation	
Is it an accredited retailer or has it applied to become one?	
What is the main business activity	
Invoicing Address <small>(If different from above)</small>	
County	
Postcode	

Method of payment:

- I have enclosed a cheque for £ _____ (£72.00 plus VAT at the prevailing rate)
- I would like my organisation to be invoiced at the above address

Please make cheques payable to CED Accreditation Body and return with application to:

The CED Accreditation Body, PO Box 865, WORCESTER, WR4 4EF