

# Quality Mark Application Form

Organisation Name

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Address

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Postcode

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Country

Contact Name

Email address

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Telephone

Mobile number

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Training courses offered for Quality Mark:

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Which level of Quality Mark will you be applying for? Please tick those that apply.

**Quality Check**     **Quality Inspect**     **Quality Assure**

If you are applying only for Quality Check status, please fill in Section 1 of the Quality Mark Criteria.

If you are applying for Quality Inspect please fill in Sections 1 and 2. If you are applying for Quality Assure, please fill in all Sections.

Return this form, with the appropriate material, by email to: [contact@leadersqualifications.org](mailto:contact@leadersqualifications.org)