

ILM Recognised Registration Form

Notes for Completion

- This form is for **new** ILM Recognised customers. This form is the first stage for applying for your training programme/s to become ILM Recognised.
- Upon completion of this form, we will do an initial approval process to check your programme title meets our criteria.
- Please complete this form and return to ilmrecognised@i-l-m.com
- Please make sure you read our ILM Recognised customer guide before submitting your form.
- Please submit accurate and current information about your organisation and the programme/s to be recognised.
- The details you provide on this registration will form the basis of our computerised record of your organisation and its activities, and may be used to provide information on other ILM products and services and/or for quality audit purposes.

Section 1: Customer details:

occion i. customer actums.					
Organisation Name:					
Organisation Type:	Training provider				
	Employer				
	Public sector employer - Please specify below:				
	Other - Please specify below:				
Address:					
	Postal Code:				
	Country:				
Organisation Website:					
Who is your ILM sales contact?					
Are you already an ILM customer?		Yes		No	

	City & Guilds				
	Kineo				
Do you work with any other City and Guilds Group businesses?	Digitalme				
·	Oxford Group				
	Gen2				
ILM Centre Number (if known):					
Centre address if different to that above:	Postal Code:				
	Country:				
Main contact name in your organisation (our point of contact):					
Job title (and department if applicable)					
Telephone Number:	Direct dial:				
receptione realises.	Mobile:				
Email: (We will respond to this email address)					
Centre e-mail address: (required for issuing of ILM Recognised Organisation Credential. Please ensure this e-mail address is monitored and accessible so that the credential can be accepted).					
How long has the organisation been operational?					
Have you previously had a City & Guilds Ac ILM Endorsed/Development programme?	credited or Assured and/or	Yes		No	
If yes, please list					
Is this a first application to ILM?		Yes		No	

Section 2: Programme/s for ILM recognition:

Please note, the programme title that is included in the digital credential can be a maximum of 25 characters (including spaces).					
Please note, all learners will be issued a digital credential upon completion of the programme. If you require a printed certificate, there will be an additional cost of £10/learner.					e a
If your application is for more than 3 programmes, please use t 4.	he space in the	additional (commen	nts section (on page
Please indicate number of programmes included in this submission					
Programme 1:					
Programme Title					
Short programme title for credential (if title is over 25 characters)					
Printed certificate required		Yes		No	
Programme 2:					
Programme Title					
Short programme title for credential (if title is over 25 characters)					
Printed certificate required		Yes		No	
Programme 3:					
Programme Title					
Short programme title for credential (if title is over 25 characters)					
Printed certificate required		Yes		No	
More about the programmes:					
Does the course content develop leadership and management cap	pability?	Yes		No	
Do you own the programme content or have permission to deliver the programme and use Intellectual Property (IP) of the training programme content?		Yes		No	
	Programme 1:				
What are the projected number of participants per training programme over the next 12 months?	Programme 2:				
	Programme 3:				

ILM Recognised

Registration Form

When would you like your ILM Recognised to be up and running (please state month and year for each programme)				
Programme:	When will you start delivery?	When will you issue your first certificates/credentials?		
Programme 1:				
Programme 2:				
Programme 3:				
Additional programmes:				
Please add details of any additional programmes here:				

Declaration and contact details:

By completing this declaration the person named below confirms and agrees that:

- He/she is duly authorised to complete and return this form on behalf of the organisation;
- The information provided in this application is complete and accurate;

Please tick this box to confirm you have read and accept these Terms and Conditions

Name:	
Job title:	
Signature:	
Date:	

ILM Recognised

Registration Form

For ILM Use Only (SS team):
Skills Solution Contact:
Date of Registration Review:
Approval to move on to application stage
The programme title/s listed below are acceptable (Skills Solutions team to list titles of each programme)
Programme 1:
Programme 2:
Programme 3:
 Note: Programme titles should not cause confusion with any ILM qualifications. The titles must exclude the words 'Level', 'Award', 'Certificate' or 'Diploma' The titles must describe the content accurately, clearly and concisely, and reflects the management/ leadership, coaching/mentoring or enterprise nature or context of the programme 25 characters programme title is acceptable Customer has confirmed programme meets the ILM footprint Customer owns the IPR
The programme title/s listed below are not acceptable (Skills Solutions team to list titles of each programme recognised with guidance to go back to the customer).
Programme 1:
Programme 2:
Programme 3:
Signed for ILM by:
Date: