



# Application for Centre Approval

**Please fill out all the information on this interactive PDF form and simply click or tap on the, 'Send to Thinktree' button on page 4 when it is fully completed.**

**After clicking or tapping on the 'Send to Thinktree' button your PDF form will be automatically attached on your email with our correct email address already completed.**

**Note: All fields must be complete before sending**

**(Except for your centre number on page 2 which may not be allocated yet)**

**We will process the information and send an email confirming we have received your application.**



ThinkTreeHub Ltd.  
27 Old Gloucester Street  
London WC1N 3AX

ThinkTree Hub Ltd. Registered Company No: 014168328. Registered Address as above.



<b>1. Centre Details</b>					
Centre Name:					
Centre Number: <b>(If you do not have one as this is your first application one will be provided).</b>					
Approval for (please tick):	Training centre	Clinic	School	College	SPA
	Hotel	Other (please specify)			
Duration/cost per year (please tick):	One year	Cost (£)	Two years	Cost (£)	
	From:			To:	
What do you offer at the Centre?	Training centre	Clinic	School	College	SPA
	Other (please specify)				
Do you have a Health and Safety Policy?	Is your equipment PAT tested?	YES	NO		
	Do you have fire safety equipment (please list)?				
Have you approval with any other organisations?					

## 2. Staff Details

Please list below the details of each member of staff (tutor/trainer, assessor, therapist, retail assistant) who will be involved with the course (whether employed or freelance).

The requirements concerning staff must adhere to occupational competence/experience/ qualifications.

No.	Name	Role (tutor/trainer, assessor, therapist, Retail assistant)
1		
2		
3		
4		
5		
6		

3. Declaration

On behalf of the Provider, I declare that:

- I am authorised to sign this declaration and the information contained in this application is correct, current and complete;
- I am authorised to sign this declaration and the information contained in this application is correct, current and complete;
- The Provider will inform ThinkTree Hub if there are any changes to the information provided in this application;
- As the provider I take full responsibility for any concerns, complaints and course delivery and materials used.
- Payment £500 per 2 years, for renewals please contact info@thinktreehub.com

BACS Details: ThinkTree Hub LTD

Account Number: 0 4 2 5 5 6 0 8 Sort Code: 3 0 9 1 1 2

(Please leave your name as a banking reference)

First Name:	Surname:
Date:	Position:
Telephone:	Email:

Click or tap this button to attach your completed form to your email.

I'M FINISHED, PLEASE SEND TO THINKTREE

If this button does not work, please attach the completed form and send to info@thinktreehub.com



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