



Application Form for acQure Practitioner or acQure Manager Accreditation

Please read the acQure Practitioner and acQure Manager Continuing Accreditation Process document before completing this form.

When you have completed the form (including signature), return it to acQure Technology Solutions via either of the following:

- ❖ Fax: +61 8 9316 6600
- ❖ Post: acQure Technology Solutions, PO Box 933, Canning Bridge, Western Australia 6153.
- ❖ Email: training@acquire.com.au

I am applying for

(enter type of accreditation
e.g. acQure Practitioner or acQure Manager)

for the 2 year financial period

(enter period e.g. 1 July 2009 to
30 June 2011)

Full name	Title:	First name(s):	Family name:
Name to appear on accreditation card:			
Company: (include name and address)			
Telephone contact:			
Alternative phone contact (it is recommend that you provide a non employment contact)			
Email address:			
Alternative email address: (it is recommend that you provide a non employment email)			
Postal address to receive accreditation card:			



acquire Professional Development

I have participated in the following acquire professional development* during the last financial year (year prior to the year of application for acquire accreditation).

Details	Dates	Verification
(For example: name, location and dates of acquire training session, description of acquire professional development)		(To be completed by acquire Technology Solutions)

**The types of professional development that you can include are listed in Section 2.1 of the acquire Practitioner and acquire Manager Continuing Accreditation Process document.*

Application for Fee Waiver

I am applying for a waiver of the application fee. I have participated in the following acquire Technology Solutions training session (needs to be a minimum of one day).

Name of training session and location	Time of completion (give dates)	Verification (To be completed by acquire Technology Solutions)



Payment Details

The application fee for acQuire Practitioner/Manager Accreditation is **AUD \$1200.00**

Please select a payment option:

- 1. **Company order number**

- 2. **Credit card payment (Visa or Master card only)**

Note: Credit card payment will incur a 2% fee.

Card type	
Name on card	
Card number	
Expiry date	

Signature: _____

I confirm that the information that I have supplied on this form is true and correct.

Signature: _____

Date: _____