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| **Date completed**: |
| **Name of Certificated Training Service**: |
| **Covering QUARTER [see below]**: |
| **Completed by**: |

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| **April to June** | **July to September** | **October to December** | **January to March** |
| To be submitted within the month of July | To be submitted within the month of October | To be submitted within the month of January | To be submitted within the month of April |

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| **Changes to Existing Affiliate Organisation details** | | | | |
| Previous  Affiliate Org Name | New  Affiliate Org Name\* | New  Contact name | New  Contact details  i.e. email, tel no. | New  Address details |
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\***MUST** be accompanied with updated copies of signed & dated **organisational level agreement**

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| **ADDING or REMOVING Affiliate Organisations** | |
| **ADD**  **Affiliate Organisation\*** | **REMOVE**  **Affiliate Organisation** |
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\***MUST** be accompanied by fully completed upload spreadsheet ‘Affiliate Approval Form’ & copies of signed & dated **organisation & trainer Level agreements**

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| **Associate Trainer Changes** | | | | |
| **Name of affiliate organisation** | **ADD**  **Associate Trainer\*** | **ADD**  **Associate Trainer start date** | **REMOVE**  **Associate Trainer** | **ON HOLD**  **Associate Trainer** |
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\***MUST** be accompanied with updated signed & dated copies of **trainer level agreement**

**FOR BILD ACT INTERNAL USE ONLY:**

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| **Signed as complete:** | **Name/Role:** | **Role:** | **Date:** |
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