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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** |
| PreviousAffiliate Org Name | NewAffiliate Org Name\* | NewContact name | NewContact detailsi.e. email, tel no. | NewAddress 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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