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# Tigerlily Training

## Accreditation Application Form



We firmly believe in the importance of providing high standard, on-going First Aid Training. In order to recognise companies that share these values, and can demonstrate their on-going commitment to First Aid Training, we have our nationwide Accreditation Award.



### How it Works:

#### **Book your First Aid Training with us**

Either via email or by calling us to speak with one of our Booking Consultants.

#### **Next Step**

Once you have completed your training, fill out the application form and send it to us via email or post.

#### **We will contact you**

Once your application has been processed and provide you with your digital Accreditation Award and your Accreditation Award Sticker.

#### **Accreditation Award Plaque**

There is also the option to have an Accreditation Award Plaque for an additional charge of £30+vat (including delivery) - please specify on your application form whether you would like this.

#### **Share your achievement**

If you wish to do so, once you have received your award, send us a photo and you will be added to our social media shoutout!

#### **How to Apply for you Accreditation Award**

Complete the Application Form online or complete this form and email or send by post.

#### **Need more information?**

Call us on 0300 3020 999 or email [sales@tigerlilytraining.co.uk](mailto:sales@tigerlilytraining.co.uk)

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## Accreditation Application Form

Please complete all sections below and then scan and email or post this form back to us at the address below.

**Email:** sales@tigerlilytraining.co.uk  
**Post to:** Unit 2 Danworth Farm, Cuckfield Road,  
Hurstpierpoint, BN6 9GL



### 1. About You

<b>Name of Company:</b>	<input type="text"/>		
<b>Address:</b>	<input type="text"/>	<b>Postcode</b>	<input type="text"/>
<b>Your Name / Position:</b>	<input type="text"/>		
<b>Contact:</b>	<b>Phone</b>	<input type="text"/>	<b>Email</b> <input type="text"/>
<b>Part of Group:</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If Yes, please state the name of the group: <input type="text"/>
<b>Number of Staff:</b>	<input type="text"/>		

### 2. Your First Aid Training

<b>Date of your Company's most recent In-House First Aid Training:</b>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
<b>Would you like an Accreditation Award Plaque? (additional charge)</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

### 3. Signature / Date

<b>Signed</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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