



EQM application form

Organisation

Name of the organisation:	
Street and number:	
Postal code:	
City:	
Country:	
Telephone:	
Fax:	
Web site:	

Type of organisation:	
How long has the organisation been operating?	
How is the organisation structured?	
How many people does the organisation have involved in the support and delivery of the learning provision (development, teaching, administration)?	
What areas of learning is the organisation involved in?	
Who are the organisation's target learners?	
How did you hear about the European Quality Mark (EQM)?	
Please explain why you have decided to apply for the EQM (max 50 words):	
Does the organisation have any other quality assurance recognition (e.g. ISO)?	



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Contact person

Name of contact person:	
Role within the organisation:	
Telephone/mobile:	
E-mail:	

Form completed by:	
Date completed:	

Please send to:	
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