

**Quality Assurance scheme**

A preliminary application below can be made to the Faculty of Homeopathy Quality Assurance scheme to ascertain your eligibility for the full application. No fee is payable for this initial form submission.

**Full Name of Teaching Centre, address, website, contact details and contact person:**

**Course Programmes**

Provide brief details on the course programmes your centre wish to register into the Quality Assurance scheme. Specify Course Programme title, length/duration, educational level (undergraduate, postgraduate etc).

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**Accreditations**

**Give brief details on accreditations your Teaching Centre and Course Programmes already have with national or international organisations.**

**Signed:** ……………………………………………………………………………………..…..….…..

**Print Name:** ……………………………………………………………………………………..……..

**Date: ………………………………………………………………………………….**

Please return form to: [lpeacock@facultyofhomeopathy.org](mailto:lpeacock@facultyofhomeopathy.org)