**AOP Accredited Course Application Form**

**College/University name:** …………………………………………………………………………………………………..

...............................................................................................................................................................

Address: ………………………….……………………………………………………………………………………………………

…………………………………………………………………………………… Postcode: ……………………………………..

Website address(es): ……………………………………………………………………………………………………………

**Course Tutor/Lecturer details**

Name: .................................................................................................................................................

Position: .............................................................................................................................................

Telephone number (Direct line preferred): ..................................................................................

Email address: ..................................................................................................................................

(*Please note*, this email address will be used to verify your students qualify for AOP Student)

**Accounts / Billing details and address** (if different from above): ……………………………………..

……………………………………………………………………………………………………………………………………...........

Accounts’ Manager’s name: ………………………………………………………………………………………………….

Email address: ……………………………………………………………………………………………………………………..

**Photographic course(s) to be accredited by the AOP:**

1) ........................................................................………………………………………………………………………..

2) .........................................................................................................................................................

3) ..........................................................................................................................................................

Please tick here to confirm *Beyond The Lens* is integrated into the above course(s): ☐

For your application to be considered please complete and return this form together with the following:

A copy of the current Course information, including module documentation, a list of facilities and equipment available to students and a copy of your institution’s current Student Copyright/Intellectual Property Policy

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return by email to:** **info@the-aop.org**

**Or by post to;**

**Accredited Courses, AOP, c/o 2nd Floor, 201 Haverstock Hill, London NW3 4QG**

If you have any queries, please call or email – (telephone: 020 7739 6669).

The AOP will hold your personal data on its computer database. This information may be accessed, reviewed and used by the AOP for the purpose of running any events you may choose to enter or attend, and for market research. The AOP would also like to periodically send you information on events in which you may be interested but requires your consent to do so (see below).

**(Opt-in)** If you **do** wish to receive such information, please tick the box:

The AOP will not pass your details onto any third party.