

# GAPPS Endorsement Application Form

## Independent Assessment Provider



NAME OF ORGANISATION		ADDRESS DETAILS			
		Organisation Address			
MAIN CONTACT NAME					
Title (Mr, Mrs, Dr, etc)		City			
First Names		State		Postcode	
Surname		Country			
Current Position		Phone		Fax	
Email Address:					
Phone:					

Endorsement Category Independent Assessment Provider			
Is your Organisation a Current Member of GAPPS?	Yes/No		
Select which of the following you are applying for (tick all that apply)			
Initial Endorsement	<input type="checkbox"/>	GAPPS Membership	<input type="checkbox"/>

DECLARATION	
I hereby submit this endorsement application to be considered for approval by GAPPS, and by submitting this application I agree to the payment of a non-refundable endorsement fee as outlined in this application.	
Full Name:	
Current Position:	
SIGNATURE:	

Endorsement Fees in AUD		
Endorsement Fee	\$2,500.00	Non-refundable and payable on application
Registration Fee	\$2,500.00	Payable after endorsement is granted, registration is for 3 years
GAPPS Membership	\$3,000.00	Once off membership fee