



CHANGE OF CENTRE CONTACT DETAILS CONFIRMATION FORM

Please complete the following details as soon as they can be confirmed, as outlined in Section 4.5 of the ILEX Centre Accreditation Handbook 2010/11. Please note, delays in notifying us of a change in details may result in correspondence being sent to the incorrect address and/or programme delivery venue.

1. CENTRE NAME:

**2. CENTRE UK REGISTER OF LEARNING PROVIDERS UK
PROVIDER REFERENCE NUMBER (UKPRN) IF KNOWN:**

3. CHANGE OF CENTRE CONTACT DETAILS:

Address line 1

Address line 2

Address line 3

Address line 4

Postal town

Postcode

Main telephone enquiry number

Main email enquiry address

Main fax number

Website address

Will ILEX programmes be delivered at this site?

(Please tick the appropriate box)

Yes

No

If no, please state the actual site/premises where they will be delivered:

Address line 1

Address line 2

Address line 3

Address line 4

Postal town

Postcode

**4. CHANGE OF COURSE COORDINATOR/PROGRAMME
MANAGER'S DETAILS:**

Please provide details for the individual responsible for all enquiries regarding the delivery of ILEX programmes at your centre

Name and job title

Direct contact telephone number

Direct email address

Fax number

5. ANY OTHER CENTRE/PROGRAMME DELIVERY VENUE RELATED CHANGES:

Please specify

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6. RETURN DETAILS:

I confirm that I am authorised by my centre to supply the information given above and, at the date of signing, the information provided is a true and accurate record to the best of my knowledge.

Signature

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Post held

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Date

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Once completed, please return this form to:

**Pauline Scrivener, Centre Liaison Officer, ILEX, Kempston Manor,
Kempston, Bedford, MK42 7AB**

Email: pscrivener@ilex.org.uk