

INTENTION TO SUBMIT

Education provider	
Address of head office	
Contact person name & title	
Telephone number	
Mobile Phone number	
Email address	
Please tick appropriate category	<input type="checkbox"/> Accreditation of a new program <input type="checkbox"/> Change to an existing program (<i>Please provide a brief description of the changes</i>)
Do you currently conduct a similar accredited program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the program to be accredited	
Sites or campuses where the program will be conducted (include physical address) Please add additional sites as required	1. 2. 3.
Anticipated date of lodgement of submission	
Anticipated date to offer new program	

Please submit your intention to submit application to:

accreditation@anmac.org.au

ANMAC will contact you on receipt of this document to discuss planned timeframes.