

CRSST
Central Register of
Stop Smoking Therapists

Application for:

Affiliated Training School Status

We herewith apply for Affiliated Training School status within the Central Register of Stop Smoking Therapists

We confirm that we will advise all of our graduates who have completed our relevant smoking cessation training programmes of their eligibility to apply for inclusion within the Central Register of Stop Smoking Therapists

We agree to inform the Central Register of Stop Smoking Therapists should we cease to provide smoking cessation training at any time

PLEASE PRINT

Name of Training School in full, together with any abbreviation commonly utilised

.....
.....

Address for Correspondence

.....
..... Post Code

Contact Tel No/s

E-Mail

Website

The completion of this form has been authorised by

Position held

Signature

Date

All applications should be returned to:

CTR PO Box 204 LYMINGTON SO41 6W P