

# ACADEMY OF PROFESSIONAL INVESTIGATION

## Application Form for 1 Week – Professional Investigation Course

Full Name:

Address:

Telephone:

Fax No:

Email:

Date of Birth:

National Insurance Number:

Length of time practising as a Professional Investigator (if any)

YRS                    MTHS

**FEES: API Course Fee is £1550.00 - Make payable to “Academy of Professional Investigation”**

**Please debit my credit card**  
(Visa/Mastercard/Amex/Switch/Delta)

Card No .....

Start date ..... Expiry Date .....

Issue No (where applicable) .....

Amount £.....

Signature .....

Name .....

Address .....

.....Postcode.....

**I hereby request the Academy of Professional Investigation to enrol me on the next available 1 week Professional Investigation Course.**

**I understand that the API Fee of £1550.00 must be enclosed when returning the completed Application Form.**

**Signed .....**                    **Date .....**

