Application Form: BFS CPD Provider Accreditation

Bureau of Fitness Standards (BFS) · Form BFS-FRM-03 · Edition 1.0 · 21 November 2026

Use this form to apply for provider accreditation under the BFS CPD Provider Accreditation Scheme (BFS-SCH-01), with at least one activity for approval. Complete every section, attach the evidence listed, and email the form and attachments to **info@bureauoffitness.org** with the subject "CPD provider application – [organisation name]". Fees are available on request and are confirmed in writing before assessment starts. This is BFS's own scheme; it is not a regulated qualification or government recognition.

Section 1. Organisation

Field	Answer
Legal name of organisation	
Trading name (if different)	
Legal form (company, trust, society, university, sole trader, other)	
Registration number and registering authority	
Country	
Registered address	
Website	
Year established	
Type of provider (academy/institute; university/college; gym or chain education arm; online provider; conference/event organiser; professional association; other)	
Approximate number of learners per year	
Delivery formats (in person / live online / e-learning / blended / conference)	
Countries where activities are delivered	

Section 2. Contacts

Role	Name	Position	Email	Phone
Responsible person (P1)				
Quality lead (P2)				
Day-to-day contact (if different)				

Section 3. Provider criteria and evidence

For each criterion, briefly describe how you meet it and list the attached evidence (file names).

No.	Criterion	How you meet it	Evidence attached
P1	Legal and accountable		
P2	Quality lead and sign-off		
P3	Learning design		
P4	Qualified faculty		
P5	Evidence-based content and review cycle		
P6	Safety and scope (incl. no prohibited-substance content)		
P7	Learning check		
P8	Records (kept 6 years) and certificates		
P9	Feedback and complaints		
P10	Fair promotion and disclosure of commercial interests		
P11	Accessibility and data protection		
P12	Co-operation with surveillance (sign BFS-AGR-01 on accreditation)		

Section 4. Faculty

Presenter name	Qualifications	Years of relevant practice	Topics taught	CV attached (Y/N)

Section 5. Activities submitted for approval

Complete one row per activity, and attach for each: outline with learning outcomes, timetable or run sheet, slides/scripts/handouts, learning check, presenter CVs, specimen certificate, and any commercial-interest disclosure.

#	Title	Format	Active learning hours	Audience and level	BFS competency units supported	Deliveries per year
1						
2						

#	Title	Format	Active learning hours	Audience and level	BFS competency units supported	Deliveries per year
3						

Section 6. Commercial interests

Do any activities mention, demonstrate or recommend products, equipment, supplements or services in which the provider, a presenter or a sponsor has a commercial interest? If yes, describe them and how they are disclosed to learners.

Section 7. Conflicts

List any person on the BFS Governing Board, committees, International Advisory Board or Provider Assessment Panel who, to your knowledge, has worked for, taught for, advised or held an interest in your organisation in the last 2 years. This helps BFS appoint independent assessors.

Section 8. Previous accreditation or regulatory action

List any other accreditation or approval your organisation holds, and any refusal, suspension, withdrawal or regulatory action in the last 5 years.

Section 9. Declaration

On behalf of the organisation named above, I declare that:

1. the information in this application and its attachments is true and complete;
2. we have read the BFS CPD Provider Accreditation Scheme (BFS-SCH-01) and agree to be assessed against it;
3. we will not use any BFS wording, mark or number unless and until accreditation is granted, and then only as the scheme allows;
4. we understand that CPD approval is not BFS certification and does not lead to it;
5. we will sign the BFS Provider Agreement (BFS-AGR-01) if accreditation is granted;
6. we understand that fees, once confirmed in writing, are not refunded if accreditation is refused; and
7. we consent to BFS processing the personal data in this application as described in the BFS Privacy Notice.

Name	
Position	
Signature	

Date	

For BFS office use: Reference _____ · Date received _____ · Complete on _____ · Fee confirmed/paid _____ · Assessors appointed _____ / _____ · Decision date _____