



**ADMINISTRATIVE CONTACTS FORM**

**Please complete and return to CPCAB**

For teaching year: 2011-2012

Name of college/centre .....

Address: .....

.....

Telephone number: ..... Postcode: .....

**1. Tutor team**

Please give details below of all the tutors concerned with CPCAB-registered candidate groups. This information is required for CPCAB - tutor communications:

Tutor name	Email address	Work phone no.

**2. Centre co-ordinator for counselling courses:**

Please give below details of the programme co-ordinator for counselling programmes

Name	Position	Email address	Phone no.

### 3. External assessments:

Please give below details of the examinations officer for CPCAB-registered candidate groups:

Name	Faculty/department	Email address	Phone no.

### 4. External verifier reports:

Please give below details of the counselling programme co-ordinator to whom we should send a copy of CPCAB verifier reports concerning the centre's assessment and training standards. (You may copy and circulate these reports as you wish.)

Name	Position	Email address	Phone no.

### 5. Invoice addressing:

Please give contact details of the person to whom CPCAB should send invoices:

Name	Position	Email address	Phone no.

### 6. Certificate / diploma addressing:

Please give contact details of the person to whom CPCAB should send candidates' certificates / diplomas:

Name	Position	Email address	Phone no.

Please send the completed form to:

CPCAB, P.O. Box 1768, Glastonbury, Somerset BA6 8YP.

For telephone queries call 01458 850350 or fax 01458 852055 or Email: [admin@cpcab.co.uk](mailto:admin@cpcab.co.uk)