

# MAPS Agreement

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    - i. Name of the Certified MAPS Consultant
    - ii. Course date and location (city and country)
    - iii. List containing participant's names, contact numbers and valid email addresses.
3. **Online Access.** Certified MAPS Practitioner will be given the Username and Password to access the online Assessment and update their personal profile.

**SUBMITTED BY THE UNDERSIGNED for acceptance on the date stated below.**

### CUSTOMER

Signed:  \_\_\_\_\_  
Authorised Signature

Name: Maryam omar bawazeer

Title: school counselling

Date: 24/1/2021

Company Name: \_\_\_\_\_

Address: Ma.omar.ba@gmail.com

City,: Saudi arabia

### Alpha Training UK Limited

Signed: \_\_\_\_\_  
Authorised Signature

Name: Dr Mohammed Tikrity

Title: Director

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Acct.# \_\_\_\_\_