

## GLOBAL BEST PRACTICE TRAINER APPLICATION FORM

This form is to be completed and signed by the Trainer and the Applying Organization (AO) the Trainer is sponsored by:

### 1. Applying Organization (ATO/Affiliate) identification data

Existing PEOPLECERT partner. <b>Partner ID:</b>
Applying to become a PEOPLECERT Partner. <b>Organization Name:</b>

### 2. Trainer contact and identification data

I am an <b>existing PEOPLECERT Trainer</b>		I am a <b>new PEOPLECERT Trainer</b>	
Please fill in <b>ONLY</b> if you are an <u>existing PEOPLECERT Trainer</u>			
First Name		Last Name	
Email Address			
Please fill in <b>ONLY</b> if you are a <u>new PEOPLECERT Trainer</u>			
First Name		Last Name	
Gender	Male	Female	Date of Birth
Postal Address			
City		Country	Postal Code
Phone number		Mobile	
Email Address			

### 3. Modules applying for

ITIL® Product Family	PRINCE2® Product Family	MoP® Product Family
<input type="checkbox"/> ITIL® Foundation	<input type="checkbox"/> PRINCE2® Foundation <b>ver. 2009</b> <input type="checkbox"/> PRINCE2® Foundation <b>ver. 2017</b>	<input type="checkbox"/> MoP® Foundation
<input type="checkbox"/> ITIL® Practitioner	<input type="checkbox"/> PRINCE2® Practitioner <b>ver. 2009</b> <input type="checkbox"/> PRINCE2® Practitioner <b>ver. 2017</b>	<input type="checkbox"/> MoP® Practitioner
<input type="checkbox"/> ITIL® Intermediate SS	<input type="checkbox"/> PRINCE2 Agile®	<b>RESILIA™ Product Family</b>
<input type="checkbox"/> ITIL® Intermediate PPO	<input type="checkbox"/> PRINCE2® Professional	<input type="checkbox"/> RESILIA™ Foundation
<input type="checkbox"/> ITIL® Intermediate SD	<b>MSP® Product Family</b>	<input type="checkbox"/> RESILIA™ Practitioner
<input type="checkbox"/> ITIL® Intermediate SOA	<input type="checkbox"/> MSP® Foundation	<b>MoV® Product Family</b>
<input type="checkbox"/> ITIL® Intermediate ST	<input type="checkbox"/> MSP® Practitioner	<input type="checkbox"/> MoV® Foundation
<input type="checkbox"/> ITIL® Intermediate RCV	<input type="checkbox"/> MSP® Advanced Practitioner	<input type="checkbox"/> MoV® Practitioner
<input type="checkbox"/> ITIL® Intermediate SO	<b>M_o_R® Product Family</b>	<b>P3O® Product Family</b>
<input type="checkbox"/> ITIL® Intermediate OSA	<input type="checkbox"/> M_o_R® Foundation	<input type="checkbox"/> P3O® Foundation
<input type="checkbox"/> ITIL® Intermediate CSI	<input type="checkbox"/> M_o_R® Practitioner	<input type="checkbox"/> P3O® Practitioner
<input type="checkbox"/> ITIL® MALC		

## 4. Trainer's evidence

<b>Please ensure the below are submitted together with your application:</b>
a. Updated, detailed <b>CV</b> in English
b. <b>Certificates</b> for the modules you are applying for
c. Evidence of a minimum <b>3-year practical experience</b> in the subject. Accepted evidence: employer confirmation <b>or</b> relevant freelancer contracts <b>or</b> declaration through completion of table 5.1 below. <b>Note:</b> <u>Please skip this step, if you are already an approved PEOPLECERT trainer for any other module in the same Product Family</u>
d. Evidence of a minimum of <b>10 days experience delivering classroom based training</b> in AXELOS courses or related subjects. Accepted evidence: training organization confirmation <b>or</b> services delivery invoices <b>or</b> declaration through completion of table 5.2 below. <b>Note:</b> <u>Please skip this step, if you are already a PEOPLECERT approved trainer</u>
e. Evidence of attending <b>familiarization training(s) per module provided by the applying organization (ATO/Affiliate)</b> . Accepted evidence: Relevant certificates (train the trainer, trainer readiness, etc.) <b>or</b> training organization confirmation <b>or</b> declaration through completion of table 5.3 below.

## 5. Alternatives for c, d, e

Please ONLY fill in the below tables if you have not provided the evidence requested above for c, d, e.

### 5.1 Details of related 3-year practical experience in the subject (starting with the most recent)

From - To (MM/YYYY)	Role/Position in the Organization	Organization	Subject

### 5.2 Details of 10 days experience delivering classroom based training in AXELOS courses or related subjects (starting with the most recent)

From - To (DD/MM/YYYY)	Training Organization	Subject of Training Course	Training hours

## 5.3 Details of familiarization training per module applying for (starting with the most recent)

From - To (DD/MM/YYYY)	Organization providing familiarization training*	Lead trainer or SME providing familiarization training	Subject / Module	Duration (hours)

\* Organization providing familiarization training should be Applying Organization (ATO/Affiliate) or Courseware Provider or AXELOS

Declaration		
<p>Trainer and the Applying Organization (AO) i.e. ATO/ Affiliate have read and understood the rights and responsibilities for Trainers and their sponsoring AO(s) as described in the PEOPLECERT procedures and hereby declare and accept the following:</p> <ol style="list-style-type: none"> <li>1. Trainer declares that all information provided is true and correct and AO confirms that Trainer meets all PEOPLECERT and AXELOS requirements for the Trainers scheme. PEOPLECERT reserves the right to request further evidence and supporting documentation of the above anytime during the accreditation period.</li> <li>2. Once Trainer approval is granted, Trainer is obliged to comply with PEOPLECERT's rules and regulations as well as all applicable laws, throughout the accreditation period. Trainer hereby undertakes to indemnify PEOPLECERT against any cost, claims or expenses which PEOPLECERT may incur as a result of breach of any such obligations.</li> <li>3. AO shall make every reasonable endeavor to ensure that the information submitted by the Trainer is true and correct and that Trainer complies with PEOPLECERT's rules and regulations as well as all applicable laws. AO hereby indemnifies PEOPLECERT for any cost, claims or expenses resulting from fraudulent, negligent or intentional misconduct by AO with respect to the matters covered by this paragraph.</li> <li>4. PEOPLECERT may disclose to third parties information relating to the trainer status, for the purposes of audit of PEOPLECERT by the Test Owner.</li> <li>5. Following termination of the accreditation period Trainer shall immediately cease to use all licensed materials and relevant intellectual property and shall return them to AO or PEOPLECERT.</li> </ol>		
Date	Applicant Trainer	Signature
Date	ATO/Affiliate Authorised Representative	Signature