IBITGQ Approved Training Organisation Form v1.0

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| **COMPANY CONTACT INFORMATION** | | | | | | |
| **Company legal name:**  Click or tap here to enter text.  **Company trading name:**  Click or tap here to enter text. | | **Company registered address:**  Click or tap here to enter text. | | | **Company trading address:**  Click or tap here to enter text. | |
| **Company registration number:**  Click or tap here to enter text.  **Country of registration**  Click or tap here to enter text. | | **Company telephone number/s:**  Click or tap here to enter text. | | | **Company website URL:**  Click or tap here to enter text. | |
| **PRIMARY CONTACT INFORMATION** | | | | | | |
| **Principle contact:**  **Forename:** Click or tap here to enter text.  **Surname:** Click or tap here to enter text. | | **Position or job function:**  Click or tap here to enter text. | | | **Direct telephone:**  Click or tap here to enter text.  **Email address:**  Click or tap here to enter text. | |
| **OPERATIONAL INFORMATION** | | | | | | |
| **What type of services or products does your organisation deliver (select all that apply)?**  Training  Consultancy  Other (please state) Delivery of services | | | | | | |
| **Is your company a Governance, Risk, Compliance (GRC) or information security specialist? If yes, do you have experience in helping your clients become compliant to any of the following standards?**  ISO 27001  ISO 27005  ISO 22301  ISO 20000  PCI DSS  Privacy or Data Protection  Other (please state) Click or tap here to enter text. | | | | | | |
| **How many years has your company been delivering training services?** Choose an item. | | | | | | |
| **How many years has your company been delivering consultancy services?** Choose an item. | | | | | | |
| **In which country or region do you operate?**  Click or tap here to enter text. | | **Please list any courses you currently deliver.** | | | **Do you offer classroom, online or distance learning?**  Click or tap here to enter text. | |
| **ACCREDITATIONS** | | | | | | |
| **Have you been accredited by, or are you an official agent, reseller or partner of any of the following organisations?**  **If yes, please select:** | APMG  BCS (ISEB)  EXIN  ISACA  ISC2 | | | PECB  RABQSA  GIAC  SANS  IRCA | | EC-Council  CompTIA  Microsoft  Other (please state)  Click or tap here to enter text. |
| **DELIVERY INFORMATION** | | | | | | |
| **Which IBITGQ courses are you interested in delivering?**  Click or tap here to enter text. | | | **How many IBITGQ training courses would you expect to deliver in the next 12 months?**  Click or tap here to enter text.  **How many delegates would you expect to attend each IBITGQ training course?**  Click or tap here to enter text. | | | |
| **How many proposed trainers does your organisation intend to use to deliver IBITGQ qualifications?**  Click or tap here to enter text.  **Do your trainers hold the qualifications they wish to deliver?**  Click or tap here to enter text. | | | **Where do you plan to deliver the IBITGQ training courses?**  Your office / training location(s)  Your clients’ office location(s)  A hired training or conference room / centre  Other (please state) Click or tap here to enter text. | | | |
| **Is there any additional information which you feel might be important to us at this stage?**  Click or tap here to enter text. | | | | | | |
| **THANK YOU** for completing this form. Please send the completed form to [servicecentre@ibitgq.org](mailto:servicecentre@ibitgq.org) | | | | | | |

The quickest way to contact IBITGQ is through the service centre email [servicecentre@ibitgq.org](mailto:servicecentre@ibitgq.org)

**Address:**

**The International Board for IT Governance Qualifications (IBITGQ Corp.)**

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