

The Chartered Institute for Securities & Investment Accredited Training Partner Application Form



1. Your organisation's details

Name of Training Partner
Trading Name (if different)
Telephone Number
Website

Business Address

Please give the names of the individuals (they may be the same person) who will be responsible for the following:

	Name	Title	Telephone	Email
Person dealing with this application				
Senior manager ultimately responsible for this application				
Person dealing with day to day administration and exam bookings				
Preferred contact for CISI matters				

Please list the countries in which you intend to offer training

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2. How your organisation operates

	Response	Notes	Evidence attached?	Title of evidence document
Does your organisation have quality assurance policies and procedures?	Y.....N	Evidence required <i>Eg copy of policy & procedure</i>		
How will you prepare students thoroughly for their examinations?	<i>Type answer</i>	Details required (<i>eg homework, assignments, revision tasks, mock exams, email access to tutors etc</i>)		
Is at least one member of staff a CISI member?	Y.....N	Evidence required <i>Eg membership number</i>		
Are all your tutors suitably qualified and experienced in their respective subject areas?	Y.....N	Evidence required <i>Eg Full CV for each tutor</i>		
Does your organisation have a formal procedure for tutor recruitment?	Y.....N	Evidence required <i>Eg copy of procedure</i>		
What are your contingency plans in the event of tutor illness or unexpected absence?	<i>Type answer</i>	Details required		
Does your organisation have a formal procedure for tutor monitoring and appraisal?	Y.....N	Evidence required <i>Eg copy of procedure</i>		

Does your organisation have a Continuing Professional Development (CPD) policy for staff?	Y.....N	Evidence required <i>Eg copy of policy</i>		
How does your organisation keep staff and students up to date with any changes relating to CISI exams?	<i>Type answer</i>	Details required (<i>eg syllabus changes, new exam regulations etc</i>)		
Does your organisation have policies and procedures for evaluating training courses?	Y.....N	Evidence required <i>Eg copy of policy & procedure</i>		
Does your organisation have a Customer Service Statement?	Y.....N	Evidence required <i>Eg copy of statement</i>		
Does your organisation have policies and procedures for dealing with complaints?	Y.....N	Evidence required <i>Eg copy of policy & procedure</i>		
What cyber security arrangements does your organisation have in place to protect information gathered and/or stored electronically?	<i>Type answer</i>	Details required		

3. Details of courses and tutors

Please list the CISI courses you wish to deliver and the intended start dates. Give details of projected candidate numbers in the first 12 months. Give details of the tutors you intend to use to deliver the courses.

CISI qualification	Start date	Candidate numbers	Lead tutor	CV attached?	Date of exam pass	Other tutors (if applicable)	CV(s) attached?	Date of exam pass(es)

In what format will you offer the courses? (Tick all that apply)

- Full time

 Part time (evening only)
 Part time (day only)

 Intensive (eg weekend workshops)
 Part time (day & evening)

 Online delivery

Any other method (please specify)

If you intend to deliver the courses to groups, please give the maximum tutor/candidate ratio

4. Any other information

Please include any information in support of your application that has not been covered elsewhere.

5. Declaration

I declare that the information provided as part of the application for CISI Accredited Training Partner status is accurate and I am authorised to sign on behalf of my organisation.

Print Name

Position

Signature

Date