

The Chartered Institute for Securities & Investment
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 (and CISI Customer Number if appropriate)	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				

Reserve point of contact (this person should be different from the preferred contact)				
Preferred contact for receiving the CISI Qualifications Bulletin				
Person(s) to be given access to the CISI's ATP Portal				
Person responsible for Data Protection				

Please list any countries in which you intend to offer training

2. Accredited Training Partner Criteria

Criterion	Suggested evidence	Evidence attached?	Title of evidence document
The organisation ensures that all training and study materials go through a rigorous quality assurance process.	<ul style="list-style-type: none"> Statement why continuous improvement and quality assurance is important Policies and procedures to show how you ensure training programmes and study materials are fit for purpose 		
Students are prepared thoroughly for their examinations.	<ul style="list-style-type: none"> Evidence of plans of homework assignments, revision tasks, mock exams Email access to tutors Revision programmes 		
At least one member of staff is a CISI member.	<ul style="list-style-type: none"> Name & Membership Number/Date of Birth of staff member Needs at least one Affiliate or above. 		
All tutors are suitably qualified and experienced in their respective subject areas in line with the Suitably Qualified & Experienced Tutor Policy.	<ul style="list-style-type: none"> Full CVs for each tutor CISI Customer Number for each tutor 		

The organisation has contingency plans in the event of tutor illness or unexpected absence, venue unavailability, and problems during course delivery.	<ul style="list-style-type: none"> • Business Continuity plans, or similar • Tutor cover plans • Reserve classrooms or online platforms 		
The organisation has a formal procedure for tutor monitoring and appraisal.	<ul style="list-style-type: none"> • Evidence of monitoring and appraisal policy 		
How do your staff maintain currency/ remain up to date?	<ul style="list-style-type: none"> • Evidence can include staff CPD scheme/policy • How many hours do staff have to complete 		
The organisation keeps staff and students up to date with any changes relating to CISI exams.	<ul style="list-style-type: none"> • Evidence on how students are informed of changes • Student portal etc 		
The organisation has policies and procedures for evaluating training courses and carries out regular course evaluations.	<ul style="list-style-type: none"> • Copies of policies and procedures 		
The organisation publishes its customer service policy.	<ul style="list-style-type: none"> • Customer service statement 		
The organisation publishes a customer complaints procedure?	<ul style="list-style-type: none"> • Copies of policies & procedures surrounding complaint handling 		
The organisation ensures that it has appropriate technical and organisational measures to protect the personal data of its customers	<ul style="list-style-type: none"> • Copies of policies/procedures in place to ensure data protection and cyber security arrangements? • Confirmation that any data breaches will be reported to the CISI. 		

3. Details of course and tutors

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

Courses

CISI examination	Start date	Candidate numbers	Lead Tutor

Tutors

Tutor Name	Examination(s) applying for	CV attached?	Basis of suitability (CISI Exam Qualified; Non-CISI Exam Qualified; Qualified by Experience)

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

In Person

Full time – in person		Part time (evening only) – in person	
Part time (day only) – in person		Intensive (e.g. weekend workshops) – in person	
Part time (day & Evening) – in person			

Online

Full time online		Part time (evening only) online	
Part time (day only) online		Intensive (e.g. weekend workshops) online	
Part time (day & Evening) online			

Any other method (please specify)

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

4. 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.