

Approved Training Provider Application Form

Section 1: Your details*
First name:
Surname:
Job title:
Email address:
Phone number:
Section 2: Company details*
Registered company details
Company name:
Registered address:
Registered company number:
VAT number:
V/(I flumber.
Finance company details (that invoices should be sent to) Finance address:
Finance email address:
Authorised contract signatory (that would sign the license agreement)
First name:
Surname:
Job title:
Email address:



Section 3: Programmes*

Please select which programmes you would like to be licensed for:

WorldHost
□ WorldHost Principles of Customer Service
□ WorldHost Principles of Customer Service (Employability)
□ WorldHost Events Ambassadors
□ WorldHost Business Ambassadors
□ WorldHost Inclusive Service
□ WorldHost Supervising Customer Service
□ WorldHost Dealing with Conflict
Train the Trainer
□ Professional Certificate in Training Design & Delivery
□ Professional Certificate in Training Design & Delivery□ Certificate in Virtual Training
□ Certificate in Virtual Training
□ Certificate in Virtual Training□ Certificate in Delivering Training
 □ Certificate in Virtual Training □ Certificate in Delivering Training □ Introduction to Coaching
 □ Certificate in Virtual Training □ Certificate in Delivering Training □ Introduction to Coaching
 □ Certificate in Virtual Training □ Certificate in Delivering Training □ Introduction to Coaching □ Mentoring with Confidence
 □ Certificate in Virtual Training □ Certificate in Delivering Training □ Introduction to Coaching □ Mentoring with Confidence Management & leadership



Section 4: Skills & Experience*

1.	Please provide a summary of all formal training, teaching and / or delivery qualification(s) you hold. Please provide qualification title, year of graduation and the name of the academic institution/provider the qualification was delivered through.
2.	Please provide a summary of any additional certificated programme(s) in training, teaching and / or delivery you may hold. Please provide the programme title, year of training and the name of the academic institution / provider the programme was delivered through.
3.	Please provide a summary of any professional memberships that you currently hold which you believe would support your application. Please provide the name of the membership organisation, the level of membership you hold and the length of time you have held this membership.



4.	Please provide a summary of any relevant commercial, in-house or educational training delivery experience you have, plus any sectoral knowledge. As a minimum this should include a summary of the types and level of training you have delivered, length of programme, type of assessment / certification used and how long you have been delivering this training.
5.	Please provide a link to any external feedback / verification site (i.e. Trust Pilot) that you would like us to review in support of your application.
6.	Please send any other information you feel will support your application (e.g. a client and / or participant reference / testimonial) along with this application form to the email address stated below.
	ive you been advised to apply to become an Approved Training Provider by one of our nior trainers? If so, please confirm their name:



Section 5: Your delivery plans*

1.	Once you become approved to deliver the programme, what are your plans for delivering the training?
2.	Who are your target markets/who do you plan to deliver the training to?
3.	Do you have any indication of numbers you intend to train over the next 12 months?

Submitting your application

Please return your completed form along with any supporting documents to trainingops@people1st.co.uk

If you have any questions in relation to becoming an Approved Training Provider please get in touch: trainingops@people1st.co.uk