# IBITGQ Accredited Training Organisation Enquiry Form V2.0

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| **COMPANY CONTACT INFORMATION** | | | | | | |
| **Company Legal Name:**  Click here to enter text.  **Company Trading Name:**  Click here to enter text. | | **Company Registered Address:**  Click here to enter text. | | | **Company Trading Address:**  Click here to enter text. | |
| **Company Registration Number:**  Click here to enter text.  **Country of Registration:**  Click here to enter text. | | **Company telephone number/s:**  Click here to enter text. | | | **Company website URL:**  Click here to enter text. | |
| **PRIMARY CONTACT INFORMATION** | | | | | | |
| **Principle Contact:**  Forename: Click here to enter text.  Surname: Click here to enter text. | | **Position or Job Function:**  Click here to enter text. | | | **Direct telephone:**  Click here to enter text.  **E-mail address:**  Click 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) Click or tap here to enter text. | | | | | | |
| 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  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?  Click or tap here to enter text. | | | Do you offer 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  (ISC)2 | | | PEBC  RABQSA  GIAC  SANS  IRCA | | EC-Council  CompTIA  Microsoft  Other (please state)  Click or tap here to enter text. |
| **DELIVERY INFORMATION** | | | | | | |
| Which IIBTGQ 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. | | | |
| Does your proposed trainer(s) hold any of the following certificates?  CISA  CISM  CGEIT  CRISC  CISSP  CEH  CHF  EU GDPR  Other (please state) Click or tap here to enter text. | | | Where do you plan to deliver the IBITGQ Training Courses?  Your office location(s)  Your clients’ office location(s)  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 enquiry form. Please send your completed form to [servicecentre@ibitgq.org](mailto:servicecentre@ibitgq.org) | | | | | | |