

Licenced BCI Training Partner Application Form

Table of Contents

[Organization 2](#_Toc495052083)

[Background 3](#_Toc495052084)

[Training and Education Activities 4](#_Toc495052085)

[Training Instructors 5](#_Toc495052086)

[References 6](#_Toc495052087)

[Sales and Marketing Plan 7](#_Toc495052088)

[Next Steps 8](#_Toc495052089)

# Organization

|  |  |  |
| --- | --- | --- |
| Please supply more information about your organization | | |
| Full name of organization |  | |
| Type of organization (e.g training company, consultancy) |  | |
| Address | Address Line 1  Address Line 2:  Address Line 3: | City:  Post/Zip Code:  Country: |
| Registered Office (if different from above) |  | |
| Is your organization already a BCI Corporate partner? |  | |
| Website |  | |
| Contact Name |  | |
| Contact email address |  | |
| Contact phone number |  | |
| Company registration number |  | |
| VAT number (if applicable) |  | |
| Date of incorporation |  | |
| Organization turnover |  | |
| Number of employees |  | |

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# Background

|  |  |
| --- | --- |
| This section will ask for your organization’s history and mission, and future aspirations | |
| History  Please provide a brief background of your organization. (100 words) |  |
| Mission  Please provide a summary of your mission statement (100 words) |  |
| Priorities for you next financial year (100 words) |  |
| Region you are looking to deliver training in |  |
| Why do you want to become a BCI Licenced Training Partner? |  |

# Training and Education Activities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please provide a list of public training courses you have delivered over the last year | | | | |
| Name of course | Number of courses run each year | Duration of course (days) | Cost | Is this a certified course with an exam? |
|  |  |  |  | Yes/No |
|  |  |  |  | Yes/No |
|  |  |  |  | Yes/No |
|  |  |  |  | Yes/No |
|  |  |  |  | Yes/No |
|  |  |  |  | Yes/No |
|  |  |  |  | Yes/No |
|  |  |  |  | Yes/No |
|  |  |  |  | Yes/No |
|  |  |  |  | Yes/No |
|  |  |  |  | Yes/No |
|  |  |  |  | Yes/No |
|  |  |  |  | Yes/No |
|  |  |  |  | Yes/No |

|  |  |
| --- | --- |
| Are you currently delivering training which you consider to be in direct competition to BCI training? | Yes/No |
| If yes please provide further information | |

# Training Instructors

|  |  |
| --- | --- |
| Please provide the names and contact details of your training instructors. Please note: anyone who delivers a BCI training course will need to be an Approved BCI Instructor, please contact [education@thebci.org](mailto:education@thebci.org) for an Approved Instructor application form if needed. | |
| Instructor 1 | |
| Name: |  |
| Job title: |  |
| Organization: |  |
| Telephone number |  |
| Email address: |  |
| BCI membership number: |  |
| Is an Approved BCI Instructor? | Yes/No |
| Instructor 2 | |
| Name: |  |
| Job title: |  |
| Organization: |  |
| Telephone number |  |
| Email address: |  |
| BCI membership number: |  |
| Is an Approved BCI Instructor? | Yes/No |
| Instructor 3 | |
| Name: |  |
| Job title: |  |
| Organization: |  |
| Telephone number |  |
| Email address: |  |
| BCI membership number: |  |
| Is an Approved BCI Instructor? | Yes/No |

# References

|  |  |
| --- | --- |
| Please provide contact details of two individuals you have previously trained who could provide a reference | |
| Reference 1 | |
| Name: |  |
| Job title: |  |
| Organization: |  |
| Telephone number |  |
| Email address: |  |
| Reference 2: | |
| Name: |  |
| Job title: |  |
| Organization: |  |
| Telephone number |  |
| Email address: |  |

# Sales and Marketing Plan

|  |  |
| --- | --- |
| Please provide accurate information, and supply evidence where possible. This can be completed on a separate sheet if necessary | |
| Market analysis summary |  |
| Audience |  |
| Competitor analysis |  |
| Sales forecast and targets for BCI Training next year |  |
| Marketing spend for BCI training next year |  |

# Next Steps

The application processing fee is GBP300/USD 400/Eur 350. Please email [education@thebci.org](mailto:education@thebci.org) to arrange for an invoice for payment.

Following successful receipt of payment, you will be advised of the next steps in the application process.



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