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| Microsoft New ZealandMicrosoft Authorised Desktop Training Provider2010 Application Form |
| The Microsoft Authorised Desktop Training Provider (ADTP) program has been specifically designed to ensure the ready availability of training solutions for users of Microsoft’s desktop range of products. |
| Conditions of Application |
| Microsoft will use this information to assess your company’s appropriateness for the ADTP program. We will notify you of our decision within 10 working days of our receipt of your application. All submissions will remain confidential.  Incomplete applications will be returned to you for completion. If you are unsuccessful you will not be permitted to re-apply to the ADTP program for a minimum of six months.  **Acceptance into the ADTP program is at the sole discretion of Microsoft.** |

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| General Company & Contact Details | |
| Company name |  |
| **Trading name**  (include other names or acronyms by which your company may be known). |  |
| **Street Address**  (this will be the address that we ship all regular benefits to) |  |
| **Postal Address**  (P.O. Box or Private Bag details please) |  |
| **Is this your primary training location?** | Yes No  If no, please include your primary training location’s address here if applicable: |
| **How much training do you hold at your own permanent training facility, verses on-site with a customer*?*** | Training at your own facility \_\_\_\_\_ %  Training at your customers’ facilities \_\_\_\_\_ % |
| **Primary program contact:**  (Please insert ALL required details - This person will receive all program benefits and communications) | *Name:*  *Email:*  *Telephone:*  *Fax:* |
| **Secondary program contact:**  (Please insert ALL required details) | *Name:*  *Email:*  *Telephone:*  *Fax:* |
| **Company web site** |  |

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| Breadth of Offerings & Company Information | |
| How long has your company been delivering training? | 1 year or less 1 - 3 years 4 - 6 years over 6 years |
| At how many locations/sites do you currently offer training? | Please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Which Microsoft products do you intend to offer courses on? | Please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| List other vendors for whose products you have authorisation to offer training | Please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Number of courses offered during the last calendar year for: | Microsoft product courses: \_\_\_\_\_\_\_\_\_  All courses: \_\_\_\_\_\_\_\_\_ |
| Number of STUDENTS trained during the last calendar year for | Microsoft product courses: \_\_\_\_\_\_\_\_\_  All courses: \_\_\_\_\_\_\_\_\_ |
| Revenue from training for the calendar year 2009 | NZ$ \_\_\_\_\_\_\_ |
| Forecast revenue from training for the calendar year 2010 | NZ$ \_\_\_\_\_\_\_ |
| *Current Microsoft Affiliations* | |
| Does your organisation currently hold **Microsoft Certified Partner** status? | Yes No |
| Does your organisation currently hold **Microsoft** **Learning Solutions Partner** status? | Yes No |
| Does your organisation currently hold **Microsoft** **IT Academy** status? | Yes No |

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| **2009 Forecasting:** | |
| **TRAINING COURSES** | |
| FORECAST: Number of “standard” courses offered for calendar year 2010 | Microsoft product courses: \_\_\_\_\_\_\_\_\_  Other courses: \_\_\_\_\_\_\_\_\_ |
| FORECAST: Number of courses mapping towards Microsoft Certified Application Specialist (MCAS) or Microsoft Office Specialist exams offered for calendar year 2010 | Number: \_\_\_\_\_\_\_\_\_\_ |
| **STUDENTS** | |
| FORECAST: Number of STUDENTS attending training for calendar year 2010 | Number of Students \_\_\_\_\_\_\_\_\_\_\_ |
| FORECAST: Number of STUDENTS attending training mapping towards MCAS or Microsoft Office Specialist exams for calendar year 2010 | Number of Students \_\_\_\_\_\_\_\_\_\_\_ |
| **TESTING** | |
| **IF** you are an Authorised Testing Site for MCAS or Microsoft Office Specialist exams, please FORECAST the number of students you expect to sit and pass during calendar year 2010 | Number of Students \_\_\_\_\_\_\_\_\_\_\_ |

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| Microsoft Certification Details | |
| **Microsoft Certified IT Professional** | Total number of Microsoft Certified IT Professionals employed at this site: \_\_\_\_\_\_\_ List a minimum of one Microsoft Certified IT Professional (MCITP): *(Must be a full time employee or exclusively contracted)*  Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MCP id: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Backup Microsoft Certified IT Professional:*(not mandatory)* Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MCP id: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Microsoft Office Specialist** | Total number of Microsoft Certified Application Specialists or Microsoft Office Specialists employed at this site: \_\_\_\_\_\_\_ List a *minimum* of two individuals who hold either:Microsoft Certified Application Specialist (MCAS) in both Word and Excel 2007 orMicrosoft Office Specialist certification in both Word and Excel (Office 2003) *(Must be a full time employee or exclusively contracted)* Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exam(s) passed: Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exam(s) passed: |

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| **Generic Trainer Information** | |
| How many **full-time trainers** do you currently have on staff? | Number: \_\_\_\_\_\_\_\_ |
| How many **trainers** will teach “standard” courses on Microsoft desktop products for your site? | Number: \_\_\_\_\_\_\_\_\_ |
| How many **trainers** will teach courses mapping to Microsoft Office Specialist or Microsoft Certified Application Specialist certifications for your site? | Number: \_\_\_\_\_\_\_\_\_ |

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| Microsoft Desktop Trainer Profiles | | | | | | | | | | | | |
| **Trainers**  **Name** | Microsoft Office Specialist or MCAS Certifications (please list) | MCP  Certifications (please list) | Windows  XP/Vista | Word | Excel | Access | PowerPoint | Outlook | Project | FrontPage | Visio | Other , (please list) |
| ***EXAMPLE:***  i.e. Jo Bloggs | Word & Excel Core | N/a | 🗸 |  | 🗸 | 🗸 | 🗸 |  |  | 🗸 |  |  |
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| Microsoft Authorised Desktop Training Provider Facility Description & Requirements | |
| **Classroom and Hardware Requirements:**   * Minimum Pentium 100 Mhz per student with: * 32 Mb or more of RAM * 2 gigabyte hard disk drive * 14” VGA monitors * Instructor’s machine with display equipment | Number of Personal Computers at this site that meet these  requirements: \_\_\_\_\_\_\_\_\_ |
| **Classroom Requirements**   * Blackboard/whiteboard * Ability to darken room * Air conditioning and heating * Projection equipment | Number of classrooms at this site that meet these  requirements: \_\_\_\_\_\_\_\_\_ |
| **Class seating** | Minimum class seating size: \_\_\_\_\_\_\_\_\_  Maximum class seating size: \_\_\_\_\_\_\_\_ |
| **Student machine information**  *(please attach additional information if this space is insufficient)* | Total number of student machines at this site: \_\_\_\_\_\_\_\_\_\_\_\_\_  Make & number of student machines:  Processor type: Pentium \_\_\_\_\_ (MHz)  Hard disk space: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  RAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are your computers networked? Yes No  If yes, is it a Windows Server 2003 network? Yes No  If yes, is it a Windows Server 2008 network? Yes No |

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| **Application Check-list** | |
| Please use this checklist to ensure immediate processing of your application  **(incomplete applications  will be returned)** | Complete and sign an entire application for each site seeking ADTP status  Include photographs of training facilities for each site seeking Authorisation (optional for renewals)  Include copies of current advertising and promotional material  Include current public training schedule (if produced) |

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| Application Authority | |
| Company Name: |  |
| Name (please print): |  |
| Title: |  |
| **Authority:**  I am an officer of the above-listed company, and I certify that the information provided in this application is true to the best of my knowledge | Signature: |
| Date: |  |