Autodesk Authorized Training Center and Academic Partner Site Enrolment and Business Plan Form

To be completed by companies seeking Authorized Training Center (ATC) and/or Academic Program (AP) membership for the first time and for existing members seeking ATC or AP Program membership at additional sites. Please review the applicable Autodesk Authorized Training Center Global Program Guide or Autodesk Authorized Academic Partner Global Program Guide (each, a “Global Program Guide”) to confirm you meet all criteria to qualify as an ATC or AP, as applicable.

Sign and return this completed **Site Enrolment and Business Plan Form** along with all completed **Instructor Enrolment Application Forms** for each site you wish to authorize.

***Note:*** Remember to make a copy of your completed **Site Enrolment and Business Plan Form** to allow for updates or additions to your Site requirements at a later date.

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# Instructions for completing the Site Enrolment and Business Plan form

This form requests information on the proposed ATC or Academic Partner site(s) (the “Sites”), including training room(s) equipment, e-learning delivery systems, software, staff and industry/product accreditation focus, together with your business plan for your Autodesk authorized training business.

A separate Site and Company Information Section (Section 1) must be completed for each site where classes will be offered, but only 1 Business Plan Section (Section 2) is required for the Application.

***Note:*** *If you plan to offer E-Learning courses, you will need to submit a description of the facilities and learning materials you plan to use (see Program Guide for details)*

***Note:*** *Make the appropriate number of* ***blank*** *copies of the Site Information Section form to cover the appropriate number of sites you wish to register in the program.*

Indicate below which accreditations you are applying for (select all that apply)

ATC □

Academic Partner □

**You must also complete and sign the Declaration in Section 3.**

For each Industry/Product Accreditation you apply for, ensure you provide information showing how you will address the specific markets and how you will meet the criteria for each Industry Accreditation. For example, describe your marketing activities for each product area and show how many customers you will train for the different products; and on the Instructor Application Forms, show why your instructors are qualified for these market sectors.

# Section 1 - Site and Company Information Section

NOTE: This section must be completed for EACH location you wish to register as a Site.

## Company Profile

For-Profit Organization □

Non-Profit Organization □

Tax-Exempt □

Note: If Tax-Exempt, application MUST include a copy of the Tax-Exempt Certificate

Which of the following best describes your business? (Tick all that apply)

[ ] Independent Training Organisation [ ] Autodesk Distributor

[ ] Autodesk Reseller [ ] College/Academic Institution

[ ] Systems Integrator [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Consultant

Is your organisation, or any of your training staff, currently recognised by any regional, national, or international accrediting educational or professional agency? If yes, attach separate supporting information (e.g. copies of certificates, letters of authorisation etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been in the training business? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Academic Partner accreditation

If you are requesting accreditation as an Academic Partner, please provide the following additional information.

Select which academic sectors you will be targeting

[ ] Secondary [ ] Post-secondary (Higher Education)

[ ] Vocational [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Also ensure you provide academic-specific information in your business plan (see below))

How long have you been training in the academic environment (accredited academic institutions, educators or students)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Site Information

**Note: This must be the address where your physical training center is located.**

**Note: Where information is provided in non-Latin script, the English language equivalent must be provided, as well as the native language version.**

*Please print inside the boxes below*

|  |  |
| --- | --- |
| Site Name | |
| Site Address | |
|  | |
| City | Region/County |
| Post Code / ZIP Code | Country |
| Phone number (**inc. country code**) | Fax number (**inc. country code**) |
| Primary contact name and title | Training Center ***web site*** address (URL) |
| Primary contact ***email*** address |  |
| **(EUROPEAN UNION ONLY)** VAT Registration Number (***important*** inc. country identifier) **(Specify your VAT number to avoid unnecessary VAT charges )** | |

## Company Headquarters Information

(if different from Site Information)

**Note: This is the address of the legal owner of your company. This is the address to which we will send all legal documentation.**

|  |  |
| --- | --- |
| Company Name | |
| Company Address | |
|  | |
| City | Region/County |
| Post Code / ZIP Code | Country |
| Company Phone number (inc. country code) | Company Fax number (inc. country code) |
| Name and Title of person signing agreement | ***email*** address of person signing agreement |

## Billing Address

(if different from Site Information)

**Note: This is the address to which we will send invoices.**

|  |  |
| --- | --- |
| Company Name | |
| Company Address | |
|  | |
| City | Region/County |
| Post Code / ZIP Code | Country |
| Company phone number (inc. country code) | Company Fax number (inc. country code) |
| Name of Primary Financial contact | Contact ***email*** address |

# Training Room Equipment Details

1. For each physical training room that will be used for training on Autodesk products, complete the table below with the number of PCs (including the instructor’s PC).

Note: All PCs must meet the minimum recommended specification for the software being trained.

Note: Academic Partner applicants do not need to complete this section. If you do need to purchase any software licenses for your training facility, please apply for the full ATC program in addition to requesting Academic Partner status.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Training Room Equipment Details** | | | | |
| **Training Room Numbers** | **Number of PCs** | **Specification (CPU, RAM, OS)** | **Printer/ Plotter** | **Projection System** |
| Room 1 |  |  |  |  |
| Room 2 |  |  |  |  |
| Room 3 |  |  |  |  |
| Room 4 |  |  |  |  |
| Total |  |  |  |  |

2. Indicate if you are using a mobile training lab. YES [ ] NO [ ]

3. Indicate whether your training facility is networked YES [ ] NO [ ]

4. Attach any other information (such as photographs of your premises and a sample of your customer registration package etc.) you feel will support your application to become an Autodesk Training Center or Academic Partner.

## Authorized E-Learning courses

If you are planning to offer e-learning courses, please include a description of the facilities you will use to deliver this learning from this site. (Please refer to the applicable Global Program Guide and the e-learning course guidelines for further details on how to authorize your Site for e-learning courses)

## Product Authorization(s)

Indicate which products(s) you wish this Site to be registered for (see the Autodesk ATC Global Program Guide or Authorized Academic Partner Global Program Guide (as applicable) for details of requirements and pre-requisites for each Product Authorisation). You must have Instructors that are skilled and experienced in the products for us to consider authorizing you to offer courses on them. ***Note:*** Your initials in the appropriate Registration box below indicates that you meet the terms and conditions for Program compliance outlined in the corresponding Global Program Guide.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Authorization Group / Industry Segment** | **Product** | **Instructor Name** | **Instructor ID (for existing ATC or AP Instructors)** | **Initial here to request authorization on these products** |
| **Horizontal** | AutoCAD®, AutoCAD LT®, AutoCAD® for Mac® |  |  |  |
| AutoCAD® Raster Design |  |  |  |
| Autodesk® Alias® Design |  |  |  |
| Autodesk® Design Suite |  |  |  |
|  |  |  |  |
| Autodesk® 3ds Max® Design |  |  |  |
| Autodesk® Mudbox® |  |  |  |
| Autodesk® Showcase® |  |  |  |
| Autodesk® Sketchbook® |  |  |  |
| **Cross Industry (AEC or MFG or M&E)** | AutoCAD® Mechanical |  |  |  |
| AutoCAD® Electrical / ecscad |  |  |  |
| AutoCAD® Architecture |  |  |  |
| AutoCAD® MEP |  |  |  |
| AutoCAD LT® Civil Suite (Japan) |  |  |  |
| AutoCAD® Map 3D |  |  |  |
| Autodesk Navisworks® |  |  |  |
| Autodesk Alias® Design |  |  |  |
| Autodesk® Sketchbook® Pro |  |  |  |
| Autodesk® 3ds Max® Design |  |  |  |
| AutoCAD® Plant 3D and P&ID / Plant Design Suite |  |  |  |
| **AEC** | Autodesk® Robot™ Structural Analysis |  |  |  |
| Autodesk® Revit® Architecture |  |  |  |
| Autodesk® Revit® Structure and AutoCAD® Structural Detailing |  |  |  |
| Autodesk® Revit® MEP |  |  |  |
| Autodesk® Ecotect® Analysis |  |  |  |
| Autodesk® Quantity Takeoff |  |  |  |
| AutoCAD® Plant 3D and P&ID / Plant Design Suite |  |  |  |
| Autodesk® Building Design Suite |  |  |  |
| Autodesk® Infrastructure Map Server |  |  |  |
| Autodesk® Infrastructure Modeler |  |  |  |
| Autodesk® Infrastructure Design Suite |  |  |  |
| AutoCAD® Civil 3D® |  |  |  |
| Autodesk® Fabrication |  |  |  |
| **Manufacturing** | Autodesk® Inventor® and Autodesk® Inventor LT™ |  |  |  |
| Autodesk® Simulation (Mechanical and Multiphysics) |  |  |  |
| Autodesk® Moldflow® |  |  |  |
| Autodesk® Productstream Pro |  |  |  |
| Autodesk® Alias® Surface |  |  |  |
| Autodesk® Alias® Automotive |  |  |  |
| Autodesk® Engineer-to-Order / Intent |  |  |  |
| Autodesk® VRED™ |  |  |  |
| Autodesk® Showcase® Pro |  |  |  |
| Autodesk® Vault |  |  |  |
| Autodesk® Product Design Suite |  |  |  |
| Autodesk® Factory Design Suite |  |  |  |
| **M&E** | Autodesk® 3ds Max® |  |  |  |
| Autodesk® 3ds Max® Design |  |  |  |
| Autodesk® Maya® |  |  |  |
| Autodesk® Softimage® |  |  |  |
| Autodesk® Smoke for Mac® |  |  |  |
| Autodesk® Motionbuilder |  |  |  |
| Autodesk® Combustion |  |  |  |
| Autodesk® Entertainment Creation Suites |  |  |  |
| Autodesk® Smoke® for Mac® |  |  |  |

Place your initials in this box below if you intend to purchase full commercial copies of the appropriate number of Autodesk software licences instead of paying the ATC Program Annual Software License Fee or AP Program Annual Software Licence fee, as applicable.

(***Please note:*** Proof of purchase will need to be supplied if you initial this box)

## Site Audit of Autodesk Products

For your proposed Site, please indicate below:

1. The total number of Autodesk software product licenses you already have installed for training purposes only (i.e. the number Autodesk product seats you wish to declare as part of your business), and
2. The number of additional Autodesk software product licenses you require to equip the training room(s) listed above.

|  |  |  |  |
| --- | --- | --- | --- |
| Autodesk Product (+ product serial number) | Room Number | Number of seats already installed  ( I ) | Number of additional seats required  ( II ) |
| **e.g.**  *AutoCAD 2013 (401-12345678)* | *1* | *10 [S]* | *2 [S]* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***NOTE 1:*** Autodesk reserves the right to issue additional Authorisation Codes.

***NOTE 2:*** You may only request licenses for software included in the Product Authorization categories you have listed on page 6. See the applicable *Global Program Guide* for details of which products are included in the Product Authorization categories.

# Section 2 - Business Plan Information

NOTE 1: You need to complete only 1 copy of this Business Plan for your application, no matter how many Sites you wish to register.

NOTE 2: Ensure this Business Plan contains information about your plans for ALL your sites.

## Your Business Profile

What specific vertical markets are you targeting? Indicate the percentage of your overall business in each category. (Total = 100%)

[ ] Architecture [ ] Facilities Management [ ] Civil Eng/infrastruct

[ ] Utilities [ ] Mechanical Engineering [ ] Design Visualisation

[ ] Mapping [ ] Geospatial [ ] Games/Animation

[ ] Data Management [ ] General Training [ ] Product Design

[ ] Visual Effects and Finishing (Autodesk Smoke)

[ ] Other \_\_\_\_\_\_\_\_\_\_

What percentage (%) of your training is to companies in the following categories?

[ ] Small (1-49 employees)

[ ] Medium (50-999 employees)

[ ] Large (1000+ employees)

## Site Staff Details

How many employees do you have at this Site in the following areas?

***NOTE 1 :*** List each employee only once per area of responsibility.

***NOTE 2 :*** See ***Instructor Application Form*** to supply details about your Instructors

|  |  |  |
| --- | --- | --- |
| **Site Staff** | **Indicate “Full Time” (FT) or “Contract” (CT) employees** | **% time allocated to Site training business** |
| Sales Staff - internal  ***e.g****. John Smith* | *FT* | *50%* |
| Sales staff - internal |  |  |
| Sales staff - external |  |  |
| Marketing staff |  |  |
| Administration staff |  |  |
| Other Site Staff… |  |  |

## ATC Site Marketing Activities for Training Business

Complete the grid below showing the types of marketing activities you will be carrying out at a corporate and/or Site level. Indicate for each activity:

1. The type of marketing activity to be carried out (e.g., corporate or Site specific advertising, brochures, seminars, open days, direct mailing, etc.)
2. Who is the intended audience for the marketing activity?
3. How many potential customers do you expect to reach?
4. How often will this activity be carried out (e.g., monthly)?
5. What percentage of response to your activities do you expect to receive?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ATC Site(s) Marketing Plan** | | | | |
| **Type of Marketing/Marketing Project (1)** | **Target Audience**  **(2)** | **Quantity (3)** | **Frequency**  **(4)** | **% response expected (5)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Supply copies of any marketing materials you currently use to promote your training. This material should show examples of marketing style, targeted marketing, standard pricing, and any other relevant information. Enclose a copy of your current training catalogue(s).

## Marketing Activities for Academic Partner Business (Academic Partners only)

Complete the grid below showing the types of marketing activities you will be carrying out at a in the academic market. Indicate for each activity:

1. The type of marketing activity to be carried out (e.g., advertising, brochures, seminars, open days, direct mailing, etc.)
2. Who is the intended audience for the marketing activity (educators and/or students; secondary, post-secondary, vocational, etc.)?
3. How many potential students and educators do you expect to reach?
4. How often will this activity be carried out (e.g., monthly)?
5. What percentage of response to your activities do you expect to receive?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Academic Marketing Plan** | | | | |
| **Type of Marketing/Marketing Project (1)** | **Target Audience**  **(2)** | **Quantity (3)** | **Frequency**  **(4)** | **% response expected (5)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Training Enrolment Forecasts

How many students do you expect to train on Autodesk products at this Site during the coming year?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Autodesk Student Forecast** | | | | |
| Product/Version and Course \* | Q1 | Q2 | Q3 | Q4 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\* Enter on each line in the “Product/Version and Course” column the name and release of the Autodesk product on which you will offer courses, and indicate whether it is a basic, advanced or other level of course.

## 

## Training on Other Software Products

Which non-Autodesk software products do you teach now at this site?

## Additional Information required

Provide Autodesk with an overview of your business (1-2 pages). You should include information on the following:

* Details about the staff that you currently have dedicated to different roles such as marketing, sales, administration and training.
* Your target markets and industry or academic sectors
* How you differentiate yourself from the competition
* What other services do you offer your customers (e.g., technical support, software sales, etc.)
* Your growth and expansion plans
* Your course curriculum and training materials used

Attach the latest financial statement for your organisation (published accounts, annual reports, or other documents which provide a realistic view of the financial status of your organisation)

# Section 3 – Checklist and Declaration Signature

To apply for ATC or Academic Partner status, applicants must complete and return the following documents to the responsible Distributor

Check when complete

1. **Site Enrolment Form & Business Plan (this document)** [ ]  
   (*note:* 1 Site Enrolment Form for each training location)
2. **Instructor Enrolment Form(s), CVs and copies of certificates**

**showing training received on Autodesk products.**  [ ]  
 *(note: 1 Instructor Enrolment Form for each Instructor)  
 (note: 1 Instructor CV for each Instructor)*

1. **Other Attachments**  [ ]  
   (e.g. Business Plan additions, Marketing collateral, photographs etc.)

Please note that compliance with the requirements and qualifications for the ATC or Academic Partner program does not guarantee approval of this enrolment form. Other criteria (including, but not limited to, local training demand, population density, number of registered Autodesk software users, local business and industry factors) may also be taken into consideration. Autodesk reserves the right to reject any applicant to the ATC Program or the AP Program at its sole reasonable discretion.

I the undersigned have received and carefully reviewed the applicable Global Program Guide and other information relating to the Product Authorization(s) selected on page 6-8 of this Site Enrolment and Business Plan Form, meet the requirements specified thereto, and hereby declare that the information given in this **Site Enrolment and Business Plan Form** is correct and complete to the best of my knowledge and belief.

|  |  |
| --- | --- |
| Signature : | Printed Name : |
| Date Signed : | On behalf of *Company Name* : |