Affiliate Application Form

This form is to be filled in by the Training Organization to provide information on its affiliate to be registered and the status of the various documents required for the affiliation process and is to be submitted to the Certification Authority.

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| --- | --- | --- |
| Submission Information | Applicant Response: | Area Reserved for The Open Group |
| Date of submission | <date this and other documents submitted> | Received: |
| Submitted by | <Name and Role of person from the ATC provider submitting this form> |  |
| Shared with | <Name and Role of person from the affiliate> |  |

|  |  |  |
| --- | --- | --- |
| Course Information | Applicant Response: | Guidance |
| TOGAF® ATC Name |  | The Accredited Training Course(s) that the affiliate will be authorized to operate  If several courses apply, please indicate the ATC name for each program. |
| ArchiMate® ATC Name |  |
| Open Fair™ ATC Name |  |
| IT4IT™ ATC Name |  |

|  |  |  |
| --- | --- | --- |
| Affiliate | Applicant Response: | Area Reserved for The Open Group |
| Affiliate Name |  |  |
| Affiliate Address |  |  |
| Affiliate website |  |  |

|  |  |  |
| --- | --- | --- |
| Affiliate Contact Role | Contact name and email address | Guidance |
| Authorized Signatory |  | The person who has overall responsibility for the accreditation activity for your organization and who is authorized to enter into legal agreements on behalf of the organization. |
| Primary Contact |  | The person who is the primary contact for all accreditation activity and issues across your organization. |
| Alternate Contact 1 |  | A person who is an alternate to the Primary Accreditation Contact and who has the same rights and responsibilities for accreditation (optional). |
| Alternate Contact 2 |  | A person who is an alternate to the Primary Accreditation Contact and who has the same rights and responsibilities for accreditation (optional). |
| Finance Contact |  | Your organization's primary contact for payment or invoicing issues related to accreditation. |
| Marketing Contact |  | Individual to contact for any accreditation related marketing issue. |

The following legal documents are completed, signed and, returned.

|  |  |  |  |
| --- | --- | --- | --- |
| Legal Agreements |  | Additional information | Area reserved for The Open Group |
| ATC provider |  |  |  |
| Affiliate Schedule | Yes/No |  |  |
| Affiliate |  |  |  |
| Commercial License for use of the Standard is in place  *One Commercial License per program* | Yes/No |  |  |
| Affiliate Agreement | Yes/No |  |  |
| Affiliation Schedule  *One schedule per program* | Yes/No |  |  |
| Accreditation TMLA | Yes/No |  |  |
| Trademark License Schedule  *One schedule per program* | Yes/No |  |  |

**The following fees must be invoiced to:**

|  |  |
| --- | --- |
|  | **Please indicate Affiliate or ATC provider** |
| Commercial License fee |  |
| Affiliate fee |  |

The following documents are required for the assessment. These documents should either be included as part of the submission or may be placed online for access by The Open Group. If online, please indicate link and credentials required to access:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Document / records required** |  | **Folder/Document name/Section number** | **Comment** | **Area reserved for The Open Group** |
|  | **The affiliate will use its own QMS. The affiliate must submit:** |  |  |  |  |
| 1 | The training course accreditation checklist duly filled and supporting documents | Mandatory |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Document / records required** |  | **Folder/Document name/Section number** | **Comment** | **Area reserved for The Open Group** |
|  | **The affiliate will use the Organization’s Quality Management System. The Organization must submit:** |  |  |  |  |
| 1 | The training course accreditation checklist indicating where the procedures relating to affiliate management can be found. | Mandatory |  |  |  |
| 2 | The Quality Management System change log. |  |  |  |  |
| 3 | The Quality Management System updated and supporting documents relating to affiliate management. Please refer to the Training Course Accreditation checklist, requirements:  AR 3.2-4, 3.2-5, 2.3-7, 2.3-9, 2.3-11, 2.3-12, 2.4-1, 2.4-2, 2.4-3, 2.5-1, 2.5-2, 3.3-1 & AP 8.1-1 | Mandatory |  |  |  |
| 4 | The marketing material that will be used by the affiliate. | Mandatory |  |  |  |
| 5 | The list of trainers delivering the ATC’s updated with the affiliate trainers (including names, contact details, training qualifications, certification status and if the trainer reports to the Organization or its affiliate, when applicable). | Mandatory |  |  |  |

For Certification Authority use

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| CID |  |  |
| Payment |  |  |
| Date Accredited |  |  |
| Re-accreditation Date |  |  |