Autodesk Authorized Training Center Program

ATC Instructor Enrolment Form

If you have more than one person wishing to apply to become an ATC Instructor, you must provide them with a **blank** ATC Instructor Enrolment Form to complete, do not allow them to copy someone else’s form.

**Each instructor must complete the forms themselves** and the Declaration on the final page should be signed by the applying instructor only. This ATC Instructor Enrolment Form requests

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***Instructions for completing the "Instructor Enrolment" form***

This form requests information on your instructors including their Autodesk product training experience. It is important that you also provide

* customer references
* a copy of the instructor’s CV including information on their qualifications, industry knowledge and teaching experience
* copies of certificates received for training they have attended on Autodesk products.

Information about the ATC Product Accreditation requirements will be published on Partner Portal which you will have access to if your application is accepted.   
  
***Note:*** *Make the appropriate number of copies of this* ***blank*** *form to cover the appropriate number of instructors you wish to register in the program.*

***Note****: For instructor names in non-Latin script, the English language equivalent must be provided, as well as the instructor’s native language name*

# ATC Instructor Information

*Please print inside the boxes below*

|  |  |  |  |
| --- | --- | --- | --- |
| **Title (Mr, Mrs, Ms, Dr)** | **YOUR FIRST NAME**  (must be written in full, do not place initials in this box) | **YOUR MIDDLE NAME** | **YOUR LAST NAME**  (must be written in full, do not place initials in this box) |
|  |  |  |  |

|  |
| --- |
| **Your Email Address** |
|  |

*Which ATC Site(s) are you applying to become an ATC Instructor for?*

|  |  |
| --- | --- |
| **ATC Site Name(s)** | **ATC Site ID** |
|  |  |

# ATC Instructor Profile

1. Have you previously been employed by an ATC? Yes [ ] No [ ]

1.1 If ‘Yes’, please state the ATC Site Name(s) and/or Site IDs

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

1.2 State your ATC Instructor ID [ ]

2. Please list below the names of any other relevant companies you also work for (e.g. ATCs, Dealers).

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

3. Please indicate the percentage of time spent in the following areas (Total = 100%):

[ ] Instructor Led Training and knowledge development

[ ] Instructor Led online or e-learning delivery or facilitation

[ ] ATC Site Management

[ ] Other Activities (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. List the Autodesk products & versions that you wish to register to be authorized to instruct on:

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

5. What specific vertical markets are you experienced to train? Please indicate the percentage of your training time spent on 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 Editing (Autodesk Smoke, Flame, Lustre)

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

6. If you are an Autodesk Smoke instructor, please indicate the specific area in which you have experience:

[ ] Editing [ ] Special effects [ ] News

[ ] Graphics [ ] Promos [ ] Trailers

[ ] Commercials [ ] Episodic [ ] Film

[ ] Documentaries [ ] Broadcast Graphics [ ] Mattes and Keying

[ ] Color grading [ ] Rotoscoping [ ] Other \_\_\_\_\_\_\_\_\_\_

# Autodesk Product Experience

State which Autodesk products you have been trained or certified on. ***Provide copies of certificates as evidence of the training or Autodesk Professional Certification you have received****.*

|  |  |  |  |
| --- | --- | --- | --- |
| Autodesk product & version  e.g. AutoCAD 2011 | Date of training course | Level of training course  e.g. Essentials, Advanced, Certification | Type of training received  e.g. classroom, ALC, eLearning |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# References from Trained Delegates

Supply three customer references from recent training courses you have conducted.

**NOTE: We reserve the right to contact these references. Inform them in advance.**

|  |  |  |
| --- | --- | --- |
| **Training Delegate Name** | **Company Name and Address** | **Telephone Number**  **(+ country code)** |
| Customer Reference #1 |  |  |
| Customer Reference #2 |  |  |
| Customer Reference #3 |  |  |

# Teacher/Training Experience and Qualifications

(Training experience gained at Universities/Colleges/other ATC’s etc.

Teaching or Training qualifications from academic or professional institutions,

Autodesk Certified Instructor (ACI), instructor qualifications from other IT vendors).

If you will be teaching or facilitating Authorized e-learning courses, please list any relevant experience or qualifications relating to delivery of e-learning.

# Industry Experience

(Experience in industrial environment etc.)

# CHECKLIST

Before submitting this form, ensure that you have fulfilled the following requirements:

* Entered information in EVERY section and that you have answered EVERY question
* Review the form to ensure that the information you have given is accurate and true
* You have a copy of your CV available for sending to us
* You have copies of certificates for training you’ve received on Autodesk products available for sending to us
* You have enclosed a showreel or have provided us with a URL to download it, if you are asking to be authorized in Media & Entertainment products

NOTE:

Returning incomplete forms or neglecting to enclose the appropriate documents and showreel will result in delays in processing your application.

# Declaration Signature

I the undersigned hereby declare that the information given in this **ATC Instructor Enrolment Form** is correct and complete to the best of my knowledge and belief.

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