

# Apple Authorised Training Centre Application

Thank you for your interest in becoming an Apple Authorised Training Centre. Apple will use the information you provide in this application to determine your eligibility. As a first-time Apple Authorised Training Centre applicant, be sure to complete the entire application. Incomplete applications will not be processed.

Upon completion, submit your application one of three ways:

1. Fax your application to + 61 2 9261 2539, Attn: AATC Program Manager
2. E-mail your application to [aatcprogram@asia.apple.com](mailto:aatcprogram@asia.apple.com)
3. Mail your application to:  
Apple  
Attn: AATC Program Manager - Training  
Level 13 – Capital Centre,  
255-259 Pitt Street, Sydney, NSW, 2000.

When filling out the application, please print clearly or type. Processing can take six to eight weeks or longer depending on your response time. You may check the status of your application by sending an email to [aatcprogram@asia.apple.com](mailto:aatcprogram@asia.apple.com)

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## Overview of the Program

For complete information on the program, see the Apple Authorized Training Center Program Guide at <http://training.apple.com.au/AATC>.

To become an Apple Authorized Training Center, you must:

- Submit a completed Apple Authorised Training application
- Provide any documentation required by Apple to become an approved vendor for Apple
- Allow for a physical inspection or provide photographic documentation of the ability of applying applicant to meet the AATC facility requirements.
- If approved, sign the Apple Authorised Training Centre contract and submit non-refundable annual marketing fee of \$3799, AUD for first location approved, \$749, AUD for each additional location.

# Apple Authorised Training Centre Application

## Section 1: Company Information

This application is designed to assist Apple in understanding and identifying your training experience and knowledge of Apple's applications and technologies. Please send an email to [aatcprogram@asia.apple.com](mailto:aatcprogram@asia.apple.com) if you have any questions or need assistance.

Company

Name \_\_\_\_\_

ABN # \_\_\_\_\_

Mailing address (cannot be a P.O. Box)

\_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email

Address \_\_\_\_\_

Company

URL \_\_\_\_\_

## Primary Contact Information

Full Name \_\_\_\_\_

Business Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email Address \_\_\_\_\_

## Section 2: Training Organisation Profile

How many training facilities does your company have? \_\_\_\_\_

Are you a Prometric Authorised Testing Centre? \_\_\_\_\_

For which companies is your facility authorized or certified to provide training?  
(Check all that apply.)

Adobe

Cisco

IBM

Microsoft

Novell

Oracle

PeopleSoft

Sun

Other \_\_\_\_\_

Years of training experience \_\_\_\_\_

How many days of training has your centre delivered over the past 12 mths? \_\_\_\_

Do you teach customised training courses? (If yes, attach a copy of the course titles and abstracts to this application.)

Yes / No

For which job functions does your facility train (check all that apply)

IT Support

System Administrators

Developers/Programmers

Other \_\_\_\_\_

Digital Video Technicians

Service Providers

What types of training does your facility offer (check all that apply)

Instructor-led

Courseware customisation

Online training

Other \_\_\_\_\_

Computer-based

Interactive video

Self-paced instruction

Identify the course title and the delivery date of either end user or technical training classes your facility has developed and/or delivered in the last 12 months.

Course Title

Delivery Dates

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### Section 3: Training Center Facility Profile

Complete one profile for each physical location you wish to authorise. Duplicate this form as needed. Note: For each location, there will be an additional \$749, AUD non-refundable processing fee.

Physical address (cannot be a P.O. Box)

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City \_\_\_\_\_ State/Province \_\_\_\_\_

Postcode \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Number of classrooms at this location? \_\_\_\_\_

Primary Contact \_\_\_\_\_ Title \_\_\_\_\_

Direct Line \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Direct Fax \_\_\_\_\_ Email Address \_\_\_\_\_

Complete the information below for each classroom at this location. Duplicate this form as needed.

**Classroom 1**

Dimensions\_\_\_\_\_ Maximum # of students\_\_\_\_\_

# of student workstations\_\_\_\_\_ Lab space? Yes No

Separate Entrance? Yes No Break area? Yes No

Are student and instructor stations tied to a network? Yes No

Are student and instructor stations Internet accessible? Yes No

What computer equipment is available in this classroom?

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What audio-visual equipment is available in this classroom?

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**Classroom 2**

Dimensions\_\_\_\_\_ Maximum # of students\_\_\_\_\_

# of student workstations\_\_\_\_\_ Lab space? Yes No

Separate Entrance? Yes No Break area? Yes No

Are student and instructor stations tied to a network? Yes No

Are student and instructor stations Internet accessible? Yes No

What computer equipment is available in this classroom?

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What audio-visual equipment is available in this classroom?

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**Classroom 3**

Dimensions\_\_\_\_\_ Maximum # of students\_\_\_\_\_

# of student workstations\_\_\_\_\_ Lab space? Yes No

Separate Entrance? Yes No Break area? Yes No

Are student and instructor stations tied to a network?      Yes                      No

Are student and instructor stations Internet accessible?      Yes                      No

What computer equipment is available in this classroom?

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What audio-visual equipment is available in this classroom?

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### **Section 4: References**

List four references with contact names, phone numbers, and date of service:

1. Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Section 5: Signature

By signing this application, I certify that the information I have provided in this application is true and correct to the best of my knowledge.

Signature

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Name (please print)

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Title

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Date

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## Application Checklist

Use this checklist to ensure your application is processed without delay. Incomplete applications cannot be processed. A speedy response from you on any additional information required will shorten the time involved in processing. Processing can take six to eight weeks or longer depending on your response time.

- **Application**
  - Provide all requested information
  - Sign application
- **Record keeping**
  - Keep a copy of this application and all supporting documentation for your records.
- **Sending the Application**
  - Submit your one of three ways:
    1. Fax your application to + 61 2 9261 2539 Attn: AATC Program Mgr
    2. E-mail your application to [aatcprogram@asia.apple.com](mailto:aatcprogram@asia.apple.com)
    3. Mail your application to:
      - Apple
      - Attn: AATC Program Manager - Training
      - Level 13 – Capital Centre,
      - 255-259 Pitt Street, Sydney, NSW, 2000.