



## **Training Centers Accreditation Form**

Training Center Name:
Training Center Address (Country / City):
Name of the authorized manager of the training center:
Training Center Website:
Training Center Email:
Training center phone number (insert country code):
Date of Establishment of the Training Center (Month / Year):
Number of full-time employees:
Number of part-time employees:
Titles of training courses held by the training center during the last three years:
OBI B
I acknowledge that the information contained in the form is correct and I take responsibility for it.  Name of the authorized manager:  Signature:



## **Attach with the form:**

- 1- A copy of the training center registration certificate
- 2- The strategic plan of the training center
- 3- A copy of the center's experience (at least 1,000 training hours)
- 4- A letter explaining the center's strategy in designing training programs and using the modern training methods
- 5- CVs of the center's trainers and their training experience (at least 500 training hours per trainer).

After completing this form and signing it, a scanner copy and attachments should be sent to the email: training@obiaacademy.uk

You will be answered by the Training Center Management within two days.