



**Application to become an accredited Course Tutor**

<b>itSMF Qualification:</b> ISO/IEC 20000 Auditor/ ISO/IEC 20000 Consultant *		
<b>Accredited Course Provider:</b>		
<b>Your Relationship with the ACP:</b> (e.g. Full time employee, Contractor)		
<b>Level applied for:</b> 1 <sup>st</sup> Course Tutor / 2 <sup>nd</sup> Course Tutor * <i>* delete as appropriate</i>		
<b>Personal Details of Applicant</b>		
<b>Surname:</b>	<b>Other names:</b>	<b>Title: (Mr, Mrs etc.)</b>
<b>Home telephone:</b>	<b>Work telephone:</b>	
<b>Email:</b>	<b>Fax number:</b>	

**Applicants may attach a copy of their CV, but this should not be used as a substitute for completing the following sections of the form. Applicants should focus on describing their relevant experience as accurately as possible, not in generic terms. Forms which are not completed will be rejected by itSMF.**

ISO/IEC 20000 Qualification Scheme

<b>Academic/Professional qualifications and membership</b>		
<i>(Please confirm that you hold the relevant itSMF certificate(s) in this section)</i>		
<b>Date</b>	<b>Qualification</b>	<b>Further information (distinction, etc)</b>

<b>Working experience</b>		
<i>Please provide details of your experience as indicated in the areas of the qualification syllabus</i>		
<b>Dates</b>	<b>Organisations</b>	<b>Description of duties/responsibilities</b>

ISO/IEC 20000 Qualification Scheme

<b>Experience as a Tutor</b> <i>(please note presentations at seminars/conferences and internal briefings should not be included)</i>		
<b>Dates</b>	<b>Organisation(s)</b>	<b>Description of duties/responsibilities e.g. training courses run, timeframe and topics covered</b>
<b>Any other relevant information</b> <i>(other work/training experience, e.g. audit experience)</i>		

**Signature of Applicant**..... **Date** .....

**Signature of Course Director** ..... **Date** .....

*Please note that a physical copy of the application bearing the original signatures of the Course Director and applicant are required. Photocopies cannot be accepted.*

*Copies may be sent in advance to [bs15000admin@itsmf.com](mailto:bs15000admin@itsmf.com) or by fax to +44 (0)118 969 9749, but final approval will not be granted until the physical form is received. Forms should be sent to:*

*itSMF  
150 Wharfedale Road  
Winnersh Triangle  
Wokingham  
RG415RB  
UK*

*This form does not need to be completed if you are accredited with another ACP. Please contact the itSMF office for further information [+44 (0)118 918 6500].*