PARTNER PROGRAM

Authorized Training Partner (ATP) Onboarding

Application Form

Please complete every section. Incomplete applications cannot be processed. Fields marked with an asterisk (*) are mandatory. Return the completed form together with all supporting documents listed in Section 8 to partners@nuvin.ai.

SECTION 1 ORGANIZATION DETAILS

Legal entity name *	
Trading / brand name	
Year established *	
Registered address *	
City / State / Postcode *	
Country *	
Website *	
General email / phone *	
Total employees	
Number of full-time trainers	

Organization type *

- ☐ Private training company
- ☐ University / college
- ☐ Corporate L&D function
- ☐ Government / public body
- ☐ Consultancy
- ☐ Other (specify below)

If "Other", specify	

SECTION 2 KEY CONTACTS

Role	Full name	Job title	Email	Mobile
Primary contact *				
Authorized signatory *				
Training / academic lead *				
Finance & invoicing				
Marketing contact				

SECTION 3 LEGAL & REGISTRATION DETAILS

Company registration no. *	
Country of incorporation *	
Tax / VAT / GST number *	
Legal structure	
Parent company (if any)	
Professional indemnity insurer	
Policy number & expiry	

Please confirm the following *

- ☐ The organization is currently in good legal standing and not subject to insolvency proceedings
- ☐ No director or officer has been disqualified or convicted of a financial or ethical offence
- ☐ The organization holds valid public liability and professional indemnity cover
- ☐ The organization complies with applicable data protection law (GDPR / local equivalent)

SECTION 4 TRAINERS & CREDENTIALS

List each trainer proposed to deliver Nuvin AI curriculum. Attach a CV and copies of certifications for every named individual (see Section 8).

Trainer name	Highest qualification	Years of AI / data experience	Existing certifications	Languages of delivery

SECTION 5 DELIVERY CAPABILITY & FACILITIES

Delivery modes offered *

☐ In-person classroom ☐ Virtual instructor-led ☐ Blended ☐ Self-paced / E-learning

Number of training rooms	
Maximum classroom capacity	
Training locations / cities *	
Learning platform (LMS) used	
Lab / compute environment available	
Estimated learners per year *	
Planned first delivery date *	

SECTION 6 TARGET MARKETS & COMMERCIAL PLAN

Primary target segments *

☐ Enterprise / corporate ☐ SME ☐ Public sector

☐ Higher education ☐ Individual learners ☐ Non-profit / NGO

Countries / Regions to be covered	
Languages of delivery	
Key industries served	
Year 1 revenue target (USD)	
Existing partnerships / Accreditations	

Briefly describe your go-to-market plan for Nuvin AI training (attach a fuller plan if available):

Go-to-market summary

SECTION 7 COMPLIANCE & PARTNER COMMITMENTS

By ticking each box, the applicant confirms understanding of and agreement to the corresponding Nuvin AI Authorized Training Partner requirement.

- ☐ Trainers will complete Nuvin AI Train-The-Trainer certification before delivering any course
- ☐ Only current, unmodified Nuvin AI courseware will be used for certified deliveries
- ☐ Nuvin AI trademarks and brand assets will be used strictly per the Partner Brand Guidelines
- ☐ Learner data will be handled per the Nuvin AI Data Processing Addendum and applicable law
- ☐ Course delivery records and attendance will be reported to Nuvin AI quarterly
- ☐ Nuvin AI may audit delivery quality, facilities, and records with reasonable notice
- ☐ Courseware will not be sublicensed, resold, or shared outside the agreed scope

SECTION 8 SUPPORTING DOCUMENTS CHECKLIST

Enclosed	Document	Notes
☐	Certificate of incorporation / Business registration	
☐	Tax / VAT registration certificate	
☐	Company Profile	
☐	Trainer CVs and Certification copies	

SECTION 9 DECLARATION & SIGNATURE

I confirm that the information provided in this application is true, accurate, and complete to the best of my knowledge. I am duly authorized to submit this application on behalf of the organization named in Section 1, and I understand that any material misrepresentation may result in rejection of the application or termination of an awarded partnership.

Name of signatory *	
Job title *	
Signature *	
Date *	
Company stamp / seal	

FOR NUVIN AI INTERNAL USE ONLY

Stage	Owner	Date	Outcome / notes
Application received			
Completeness check			
Due diligence review			
Commercial review			
Partner agreement issued			
ATP ID assigned			