

## Application Form

I am applying for \_\_\_\_\_ to be held in \_\_\_\_\_  
(course name) (course location-city and state)

I was referred by \_\_\_\_\_  
(Innova Representative or Certified Trainer)

I first became aware of this course through \_\_\_\_\_

### Part I: Background Information/Personal Data

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Current Position \_\_\_\_\_ Years \_\_\_\_\_

Employer \_\_\_\_\_  
(or name of company you own)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Years of experience in the training field \_\_\_\_\_

### Part II: Eligibility Documentation/Eligibility for Certification

I am applying to be a(n)  *Independent*  *Corporate* Certified Instructor of the Edward de Bono methods.  
I have:

- A graduate degree, at least two years of experience in a position with major responsibility for training, and three professional references.
- A bachelor's degree, at least three years of experience in a position with major responsibility for training, and three professional references.
- At least five years of experience in training and three professional references.
- Other—Please attach an explanation of experience, education, references, etc., that you feel qualify you to be considered for acceptance.

**In the past 12 months, I have trained:**

- 100–200 people
- 201–500 people
- 501–1,000 people
- over 1,000 people

**In the past 12 months, the average fee I charged was:**

- Under \$100/person
- Over \$300/person
- \$100 to \$200/person
- Internal training, no fee charged
- \$201 to \$300/person

**The courses or programs I currently conduct include:**

Title of course \_\_\_\_\_ Publisher/Supplier (or indicate if you developed the course yourself)

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*Please attach brochures or other printed materials that you use to promote your current programs and services.*

Check here if list of courses continues on a separate sheet.

**The types of companies or organizations to whom I would intend to market the Edward de Bono methods: (List organizations and/or departments)**

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Check here if list of prospective clients continues on a separate sheet.

**Education (list all colleges and universities attended):**

Name & Address of College/University	Dates of Attendance	Degree & Year Awarded	Major/ Specialization
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**Positions held/major responsibilities (most recent first):**

Dates	Organization	Position Held	Description of Duties
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Check here if list of positions held continues on a separate sheet.

If the questions asked on this application are not applicable to you, please modify this form and submit it marked "Special Application." Indicate why you feel you would qualify to become a certified instructor. If you have any questions about this form, call 866-621-3366 or fax 515-278-2245.

The information submitted above is true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_