Application Form
for Accreditation as Certified Trainer

NOTES FOR APPLICANTS

(1) All information given in this form will be treated in STRICT CONFIDENCE.
(2) Please read carefully the applicants' Reference Brief (download from http://www.itp.org.hk) before completing this form
(3) Please submit separate supplementary information to support your application
(4) Kindly return completed application form together with application fee **HK$1000** in form of crossed cheque payable to "Institute of Training Professionals" and mail to Unit 171A, G/F, Orchid House, 169-173 Sai Yeung Choi Street North, Mongkok, Kowloon.

I. PERSONAL PARTICULARS

Surname:	Given Name:
Chinese Name:	HKID no. (first 4 digits)
Address	
Email Address	Contact phone no.

II. ACADEMIC QUALIFICATION

Highest Qualification obtained:

III. CURRENT EMPLOYMENT

Name of organization:
Position:

IV COMPETENCY

Please indicate the competencies you posses. To qualify as Certified Trainer, you must possess 6 core competencies and 9 other competencies.

	Please provide submit evidence for each chosen compentecy..
( )	Instructional and Presentation techniques
( )	Training methods
( )	Facilitation skills
( )	Technology for training and development
( )	Program design and development
( )	Training reporting
	Please tick the at least competencies you possess and submit evidence for each chosen competency
( )	Consulting skills
( )	Coaching skills
( )	Process skills
( )	Performance observation skills
( )	Assessing training needs
( )	Training evaluation
( )	Learning theories
( )	Learning psychology and adult learning
( )	Employee development
( )	Organization development
( )	Training administration:
( )	Knowledge management
( )	Training proposals
( )	Program promotion
( )	Training budgets

Enclosed is a crossed cheque for HK$_____ Cheque No._____ Bank: _____

Declaration:
I hereby declare all information provided in this form is true and correct. Failure to provide correct information may lead to disqualification.

_____ _____
Applicant's signature Date

Personal Information Collection Statement
The personal data provided in this form will be treated as confidential and used for assessment purpose only.

Official Use Only: (Ref No: _____)

Date received:			
Screened by:			**Date:**
Assessment Panel Member:	**1. 2. 3.**		**Date:**
Assessment Result:	**__ Yes**	**__ No**	**__ Deferred**