

Application

Annex 8

Pursuant to the requirements for obtaining the CECRA Certificate (see Annex 2 of the CECRA Guidelines), I hereby request the issuing of the CECRA Certificate

Surname:

Name:

Date of Birth:

Adress:

Billing adress:

Telephone no.:

E-Mail:

The following documents are enclosed with the application for the issuing of the CECRA Certificate (please tick relevant boxes):

- Copies of the module attendance confirmation certificates, or documentation of the appropriate confirmation of equivalence for each module (2 compulsory modules and at least 3 elective modules).

Please tick the form of certification of competence in the following table:

Module Attendance Confirmation	(or) Confirmation of Equivalence	Module	
<input type="checkbox"/>	<input type="checkbox"/>	Compulsory Module 1	My Profile as a Consultant
<input type="checkbox"/>	<input type="checkbox"/>	Compulsory Module 2	Communication and Relationship Building in Advisory Work
<input type="checkbox"/>	<input type="checkbox"/>	Elective Module 3	Teamwork and Team Leadership
<input type="checkbox"/>	<input type="checkbox"/>	Elective Module 4	Rhetoric / Presentation
<input type="checkbox"/>	<input type="checkbox"/>	Elective Module 5	Self-Management and Time Management
<input type="checkbox"/>	<input type="checkbox"/>	Elective Module 6	Project Management
<input type="checkbox"/>	<input type="checkbox"/>	Elective Module 7	Shaping Advisory Processes
<input type="checkbox"/>	<input type="checkbox"/>	Elective Module 8	Handling Changes / Change Management
<input type="checkbox"/>	<input type="checkbox"/>	Elective Module 9	Moderation Training
<input type="checkbox"/>	<input type="checkbox"/>	Elective Module 10	Marketing of Advisory Services
<input type="checkbox"/>	<input type="checkbox"/>	Elective Module 11	Designing and Implementing Events
<input type="checkbox"/>	<input type="checkbox"/>	Elective Module 12	Advising and Supporting Groups and Teams
<input type="checkbox"/>	<input type="checkbox"/>	Elective Module 13	Essentials of Mediation
<input type="checkbox"/>	<input type="checkbox"/>	Elective Module 14	Advising and Supporting Businesses in Strategic Issues
<input type="checkbox"/>	<input type="checkbox"/>	Elective Module 15	Introduction to Coaching

IALB-Geschäftsstelle:

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84030 Landshut

Deutschland

kontakt@cecra.net

www.cecra.net

Tel.: +49 (0)871/9522-318

Fax: +49 (0)871/9522-399

- Copies of the certificates required for certification (degree course, vocational training, etc.)
- Proof of at least two years' relevant vocational experience in the advisory sector within the last five years

- Proof of attendance of an event lasting at least one day in another country
- Proof of research visit to an agency (min. 3 days) in another country, with moderated knowledge-sharing
- Thesis (self-reflection based on a case study: see CECRA Guidelines, Annex 6)

- Copy of an official ID with photograph

- I hereby confirm with my signature that the submitted copies correspond to the originals. I am aware that obtaining a CECRA certificate illegally would make me liable to prosecution.
Data protection: The submitted documents will be filed at the IALB office for 10 years and afterwards destroyed. Data and addresses will not be passed on to third parties.
- With my signature, I accept the CECRA Guidelines and confirm that all the details I have given are true.
- I am to pay the examination fee and any fees for advisory services or confirmations of equivalence within 30 days after receipt of the invoice. The application will be processed once the fees have been deposited in the account of the Regional Certification Agency (see below for address). Up to twelve weeks are generally required for the processing and the decision.
I am aware that I am not entitled to a refund of the fees if the certificate cannot be issued.
- In the event of a positive result by the Regional Certification Agency, the decision is passed on to the IALB office. The CECRA Certificate will be handed over once the administrative fee has been paid into the account of the IALB office.

Place, Date:

Signature:

Please submit the application together with the photocopied documents to

EUFRAS CECRA office

Rīgas iela 34, Ozolnieki, Ozolnieku pagasts, Ozolnieku novads, LV-3018, Latvija

Tel.: +371 63050220

Fax: +371 63022264

E-Mail: cecra.eufRAS@llkc.lv

Any information you wish to share:

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