

**International Association of Facilitators**

**Application for Professional Facilitator Certification**

*Part III: Statement of Qualifications & Experience*

Please complete the following items as part of your application package. This document, when completed, should be returned via electronic mailto:

**Certification Manager, IAF Facilitator Certification Program**

**E-mail:** [**certification@iaf-world.org**](mailto:certification@iaf-world.org)

**Notes on completing this document:**

1. The application must be in MS Word format.
2. The entire Part III document must not contain images or photographs. This is because many of our assessors review documentation while they are travelling and the inclusion of images increases the file size, causing problems with internet access.
3. The entire Part III document must not contain links to other documents, websites, citations etc. Assessors will not access these links.
4. The workshop/event summary must be within the limits of 1,500 – 2,500 words. Anything outside these limits will be rejected and returned to you for revision.
5. Please follow the instructions. If you do not describe the workshop as requested, your application will be returned to you for revision.

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| Candidate Name: (Please provide this as First name Family name) |

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| **A. RELEVANT TRAINING & QUALIFICATIONS** | |
| **Facilitation Training**  *Please provide course title, course provider, and year attended.* |  |
| **Other Qualifications**  *Please provide course title, course provider, and year attended.* |  |

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| **B. FACILITATION EXPERIENCE** (*Please identify seven workshops you have facilitated within the last three years that illustrate your range of expertise. The term “workshop” should be taken to mean any group session that you facilitated in order to help the group achieve a defined purpose and deliverable. It should not be a training, coaching or consultancy session where you have an interest in the outcome.)* | | |
| Workshop Description *(Please provide approximate date and no more than four lines of description)* | **Your Role and Responsibilities in the workshop:** | **Length of Workshop or overall event:** |
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| **C. VERIFICATION OF TRAINING AND FACILITATION EXPERIENCE** *(Please scan the confirmation documents indicated below and submit to the administration along with part II and III of your application.)* | | |
| **Confirmation Of Training (To support Part A above.)** | **Training class certificates of completion.** *Please send only those you feel are most important to your statement of qualifications. You need not send certificates for every training class you list in Part A.* |
| **Facilitation Experience (To support Part B above.)** | **A brief written statement from your client(s)/sponsor(s) confirming that you have facilitated the events listed in Part B.** *Written confirmation may be in the form of either a letter or an email (including header information) from the client/sponsor. This applies even if the client/sponsor is a member of your own organization. All that is required is a statement that you facilitated the workshop on the date stated in your application. Attach the verifications of 7 workshops and their training to the applications.* |

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| D. EVENT SUMMARY Please *provide a summary (between 1500 to 2500 words in length) of one of the facilitated sessions (workshops) indicated above in Part C. The purpose of this summary is to illustrate your application of the IAF Core Competencies (as described in Core Competencies, © IAF™) in your work. Please provide the information requested below.* | |
| 1. **Which workshop listed in B above are you summarizing?** | 1 2 3 4 5 6 7   (indicate only one) |
| 1. **Is there anything specific about the background leading up to the workshop that we need to understand?** *If necessary, provide a brief paragraph describing the background leading to the event.* |  |
| 1. **What were the workshop objectives?** *Please provide a concise paragraph describing the workshop purpose (objectives, or deliverables.).* |  |
| 1. **What was the Agenda for the workshop?** *Please provide, in list format, the workshop Agenda.* |  |
| 1. **How many participants did the workshop include?** |  |
| 1. **What were your responsibilities as Facilitator of the event?** *(from B above)* |  |
| 1. **How long was the workshop?** *(In hours or days, from B above)* |  |
| **Description of the *Workshop***  *Please describe the workshop, highlighting the following:*   * *Your preparation for the event* * *Session design considerations/approach* * *Facilitation techniques used* * *Tools, equipment, visual aids, etc. used* * *Results achieved* * *Difficulties encountered and their solutions/lessons learned* * *How the IAF Core Competencies[[1]](#footnote-1) were exhibited throughout the event.*   *If the event you selected did not require application of one of the competencies, please indicate this, and why. In some cases, you may find it necessary to refer to other workshops you have facilitated in order to illustrate your skills in applying the IAF Core Competencies. This is acceptable as long as your description is no more than 2500 words in length. Please record your description in the space provided on the following pages.* | |

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| **Workshop Summary** |

1. IAF Core Competencies, © 2003 International Association of Facilitators [↑](#footnote-ref-1)