



APPLICATION FORM TO BECOME AN ACCREDITED ESI® TRAINING PARTNER

SECTION 1 : APPLICATION DETAILS

Name:	_____				
Job Title:	_____				
Company Name: (if applicable)	_____				
Street Address:	_____				
City:	_____	State:	_____	P/C	_____
Country:	_____				
Phone:	_____	Mobile:	_____		
Email:	_____				
Website: (if applicable)	_____				

SECTION 2 : EMPLOYMENT HISTORY AND PROFESSIONAL QUALIFICATIONS

Please attach a covering letter and copy of your CV which lists your relevant professional qualifications and any continuing education programs you have attended; not limited to but including coaching and facilitation. Eg: workshops, seminars and conference.

NB: The ESI® Training Partner Accreditation Program assumes prerequisites of two (2) demonstrated competencies, namely coaching and training/facilitation skills. Training and/or facilitation skills are demonstrated in a number of ways, ie team building, leading meetings, product or skills training, training workshops, toolbox sessions, therapeutic groups

SECTION 3 : GENERAL

Tell us about what experience you have with using the ESI® Mapping Tool. (If you haven't had ESI training or experience then the online course training will be available for you.)

Were you nominated to attend this program or is this part of your own development plan?

SECTION 4 : PREREQUISITES

1. COACHING and/or COUNSELLING SKILLS

- A. Identify a recent Coaching/Counselling situation and answer the following questions. Please nominate whether Coaching or Counselling.**

Outline the situation:

Outline the outcomes to be achieved:

Outline the approach and/or modalities you used:

Outline the outcomes actually achieved if different to above:

SECTION 4 : PREREQUISITES cont.

B. Review the following coaching/counselling elements and identify where you believe you would rate yourself using the following 1 to 5 scale.

To what extent do you believe you display the following coaching competencies?

1 = not at all 2 = to a slight degree 3 = to a moderate extent 4 = to a great extent 5 = to a very great extent

COACHING /COUNSELLING COMPETENCIES		RATING
1.	Meeting Ethical Guidelines and professional Standards – understanding of ethics and standards and ability to apply them appropriately in all situations.	
2.	Establishing the Agreement – ability to understand what is required in the specific interaction and to come to agreement with the prospective and new client about the process and relationship that will occur.	
3.	Establishing trust and rapport with the client – ability to create a safe, supportive environment that produces ongoing mutual respect and trust.	
4.	Presence – ability to be fully conscious and create a spontaneous relationship with the client, employing a style that is open, flexible and confident.	
5.	Active Listening – ability to focus completely on what the client is saying and is not saying, to understand the meaning of what is said in the context of the client’s desires and to support client self-expression.	
6.	Powerful Questioning – ability to ask questions that reveal the information needed for maximum benefit to the relationship for the client.	
7.	Direct Communication – ability to communicate effectively during sessions and to use language that has the greatest positive impact on the client.	
8.	Creating Awareness – ability to integrate and accurately evaluate multiple sources of information and to make interpretations that help the client to gain awareness and thereby achieve agreed upon results.	
9.	Designing Actions – ability to create with the client opportunities for ongoing learning during coaching/counselling sessions and in work or life situations and for taking new actions that will most effectively lead to agree upon results.	
10.	Planning and Goal Setting – ability to develop and maintain an effective plan with the client.	
11.	Managing Progress and Accountability – ability to hold attention on what is important for the client and to leave responsibility with the client to take action.	

2. FACILITATION SKILLS

Have you facilitated a training course or presented before?

A. Identify a recent Facilitation/presentation/meeting experience and answer the following questions:

Outline the experience:

Outline the outcomes to be achieved:

Outline the approach or style you took to deliver the program:

Outline the outcomes actually achieved if they varied from what you desired:

B. Review the following facilitation elements and identify where you believe you would rate yourself using the following 1 to 5 scale.

To what extent do you believe you display the following coaching competencies?

1 = not at all 2 = to a slight degree 3 = to a moderate extent 4 = to a great extent 5 = to a very great extent

	FACILITATION COMPETENCIES	RATING
1.	Differentiate between process (who, why, how) and content (what) <ul style="list-style-type: none"> • Hold focus on group process, including the social and emotional needs • Make the process visible eg: through feedback 	
2.	Monitor and maintain awareness of one's own process	
3.	Manage individual and group warm-up <ul style="list-style-type: none"> • Manage transitions for people from one state of mind to another • Manage and guide beginnings and endings 	
4.	Bring a process focus to briefings, preparation and design of sessions/meetings	
5.	Readily access a range of diagnostic frameworks <ul style="list-style-type: none"> • Group dynamics, stages of group development, models of human behaviour 	
6.	Activate effective verbal and non-verbal communication skills <ul style="list-style-type: none"> • Listening, questioning, supporting, challenging, invoking responses, counselling 	
7.	Readily access a range of planning and problem-solving methodologies	

SECTION 5 : PROFESSIONAL INDEMNITY INSURANCE DETAILS

Applications will not be processed without these details. Please contact us if you or your company does not have PI Insurance.

Professional Indemnity Insurance Number: _____

Indemnity Insurance Provider: _____

Amount for which you are indemnified: _____

SECTION 6 : PAYMENT AND ADMINISTRATION DETAILS

A. Invoice Details

Company Name: _____

ABN: _____

Accounts email: _____

Accounts phone: _____

Purchase Order (if any) _____

Additional Information: _____

B. Investment

ESI Partner initial investment \$1,550.00 - *paid upon signing the licence agreement*

Annual licence investment \$ 125.00 - *charged and paid annually (subject to change)*

Training Folders costs \$ 30.00 each – *purchased when required from ESI*

All fees are subject to gst

C. Payment

By signing below I am committing to train as an ESI Accredited Training Partner at the next scheduled training course date and respect that I will be representing ESI in all delivery processes.

Signature

Payment can be made via EFT, Credit Card, Cheque upon receipt of your invoice.