

Application

Annex 8a

Pursuant to the requirements for obtaining the CECRA Basics Certificate (see Annex 2 of the CECRA Guidelines), I hereby request the issuing of the CECRA Basics 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 Basics 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 al least 3 elective modules).
- 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.

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 |

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|--------------------------|--------------------------|--------------------|--|
| <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 |
| <input type="checkbox"/> | <input type="checkbox"/> | Elective Module 16 | Shaping Innovation Processes – Accompanying Network |
| <input type="checkbox"/> | <input type="checkbox"/> | Elective Module 17 | Basics of Participation |

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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