



Application Form: de Bono Thinking Systems Instructor Certification

I am applying for _____ to be held at _____
(Course name) *(Course location)*

**Sponsor: Lynda Curtin, The Opportunity Thinker. Return completed to: Lynda Curtin at
248 W. Loraine St., Suite 103, Glendale, CA 91202-1868. Fax: 818-507-6375**

Part I: Background Information/Personal Data

Name _____

Home Address _____

City/State/Province _____

Zip/Postal Code _____ Country _____

Home Phone () _____ Email _____

Work Phone () _____ Fax () _____

Current Position _____ Years _____

Employer _____
(or name of company you own)

Address _____

City/State/Province _____

Zip/Postal Code _____ Country _____

Years of experience in the training field _____

Part II: Eligibility Documentation/Eligibility for Certification

I am applying to be a(n) *Independent* *Corporate* Certified Instructor of the Edward de Bono methods. I have:

- A graduate degree, at least two years of experience in a position with major responsibility for training, and three professional references.
- A bachelor's degree, at least three years of experience in a position with major responsibility for training, and three professional references.
- At least five years of experience in training and three professional references.
- Other—Please attach an explanation of experience, education, references, etc., that you feel qualify you to be considered for acceptance.

In the past 12 months, I trained:

- 100-200 people 201-500 people 501-1,000 people over 1,000 people

In the past 12 months, the average fee I charged was:

- Under \$100/person Over \$300/peron
 \$100 to \$200/person Internal training, no fee charged
 \$201 to \$300/person

The courses or programs I currently conduct include:

Title of course _____ Publisher/Supplier (or indicate if you developed the course yourself)

Please attach brochures or other printed materials that you use to promote your current programs and services.

- Check here if list of courses continues on a separate sheet.

**The types of companies or organizations to whom I would intend to market the Edward de Bono methods:
(List corporate instructors and departments)**

- Check here if list of prospective clients continues on a separate sheet.

Education (list all colleges and universities attended):

Name & Address of College/University	Dates of Attendance	Degree & Year Awarded	Major/ Specialization

Positions held/major responsibilities (most recent first):

Dates	Organization	Position Held	Description of Duties

- Check here if list of positions held continues on a separate sheet.

If the questions asked on this application are not applicable to you, please modify this form and submit it marked "Special Application." Indicate why you feel you would quality to become a certified instructor. If you have any questions about this form, call Lynda Curtin @ 818-507-6055 or send an email to info@LyndaCurtin.com

The information submitted above is true to the best of my knowledge.

Signature _____ Date _____