

# Application Form

## PROFESSIONAL CERTIFICATION PATH B

Modular Path with infosyon-recognized modules including the Practitioner Module.

### 1. The following participant ...

*To be completed by the Leader of the Training (infosyon Master Trainer)*

First name and surname	
Resident in	

### 2. ... has successfully met the following infosyon-recognised requirements.

<b>Practitioner module of 9 days</b> (1 day = 7 hours)	
Name of the institute	
Name of the Leader of the Training	
Period of the training (from, to)	
Number of days of training, at least 9	
Days of supervision, at least 2 (practical days with professional supervision)	
Facilitated constellations, at least 2	
Completed final paper	

We confirm that the person named above has met all the above requirements of infosyon, including infosyon's initial requirements (at least 3 years of professional experience as a consultant or manager, additional consultant or manager training, self-awareness, personal suitability). We hereby recommend you for admission as an infosyon-certified Professional. We hereby recommend you for admission as an infosyon-certified Professional.

Location, date	Signature Leader of the Training
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### 3. Personal information graduates *To be completed by the applicant*

First name and surname	
Name of company	
Street, house number	
Country / postcode / town	
Telephone	
Mobile	
E-Mail	
Homepage	
Date of birth	

### 4. Overview of system constellations as a whole:

*Please add the corresponding supporting documents to the questionnaire.*

*1 day = 7 hours*

		Please enter number!	
		Your profile	infosyon requirements
1	Days of supervision and peer group work (the 2 days of supervision in the Practitioner Module are credited under point 2)		≥ 10 Tage
2	Number of system constellations in organisational and work contexts which you have been responsible for facilitating		≥ 50
3	Membership of infosyon		<u>Yes</u>
4	CV enclosed		<u>Yes</u>
5	Commitment to training of at least 20 hours, 25 constellations with management responsibility and 10 hours of supervision or peer group work annually.		<u>Yes</u>

Date	Signature
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## 5. Completed practitioner recognition

Name of the institute	
Name of the Leader of the Training and additional Master Trainers	

## 6. Additional modules attended with infosyon recognition

(at least 9 days in total)

For each module please state the number of days, the institute, the location, the trainers, the date and the module designation.

Tage (insg. mindestens 9)		
	Module 1	
	Module 2	
	Module 3	
	Module 4	
	Module 5	
	Module 6	

Date	Signature
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