

Session Dates: _____

Time: 9 a.m. to 4 p.m. both days

Fee: \$3,500 for the first 2 attendees from the same organization, then \$1,500 per each attendee from the same organization thereafter (includes 1 Assessment Equipment Kit for every 2 people)

Payment Method: Attach a cheque to the application form - payable to "Excellence Canada" (HST# 136725413) or make a phone call to use a credit card. HST is Extra.

Location: Excellence Canada, 402-154 University Avenue, Toronto, ON M5H 3Y9

Phone: 416-251-7600 x240

Minimum Eligibility Requirements: Post-secondary education and 5 years' experience in the facility, building management profession or equivalent experience.

Acceptance into the Certification Program: Applicants accepted into the program will be notified within 2 weeks of receipt of application. If accepted, payment will be processed. If not accepted, the entire application package will be returned to the applicant.

Please complete all fields, attach your resume and payment, and submit the application form to Excellence Canada at the address above, or by email to kevin@excellence.ca

Applicant Information

Full Name:			Title:	
	<i>Last</i>	<i>First</i>		
Daytime Phone:		Cell	Email:	
Company Name:				
Company Address:				
Personal Address:				

Education

University:		Address:					
From:		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
College:		Address:					
From:		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
Other:		Address:					
From:		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	



Certifications, Licenses, and Designations

Certification/Designation/License	Company/Organization	Location	Year Completed

Work Experience

How many years have you worked in the facility, building management profession?

Do you meet the minimum eligibility criteria to be a building accessibility assessor?

YES

NO

References

Please list three professional, work-related references:

Full Name:		Relationship:	
Company:		Phone:	()
Email:			

Full Name:		Relationship:	
Company:		Phone:	()
Email:			

Full Name:		Relationship:	
Company:		Phone:	()
Email:			

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I acknowledge that by providing contact information for my references that I am giving consent for my references to be contacted in regard to my work experience. I am aware that if I do not meet the minimum eligibility criteria I may not be considered for the Building Accessibility Assessor Certification Program.

Signature:		Date:	
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To learn more about the program, please contact :

Email: russ@excellence.ca

T: 416-251-7600 ext. 249

F: 416-251-9131

January 2016