



# CERTIFIED LEARNING PROFESSIONAL APPLICATION FORM

## CLP Program

The CLP program is dedicated to:

- Raising the benchmark of the learning and development profession.
- Providing continual professional development
- Defining a new standard for facilitation excellence
- Sharing resources, knowledge and skills

The accompanying application form must be completed and submitted to ILP, with payment for processing and assessment. Incomplete applications will not be processed. If insufficient space, please attach typed submissions as appendices; listing these at point 7.

## Instructions for completion

All applicants must:

- Complete ALL sections of the application form
- Print or type throughout and attach all appendices to this form
- Forward the appropriate payment with the application

In cases of experienced, senior learning and development professionals who may not have the option of academic study, merit will be considered using career history, experience and other details provided under 'Practical Experience'.

## CLP Application Fees

Applications for CLP incur a fee, payable at the time of application. The following fees apply

- ILP MEMBER please enclose \$396.00 (incl. GST)
- NON-MEMBER please enclose \$746.00 (incl. GST)\*

\*Note: Non-member CLP Application fee includes an Annual ILP Fellow Membership fee of \$350. Fees must be enclosed with the application. Incomplete applications will not be processed.

## Submitting your application

Completed application forms should be posted to

INSTITUTE FOR LEARNING PROFESSIONALS  
17 Gould Road  
Herston QLD 4006

Or emailed to [members@ilpworldwide.org](mailto:members@ilpworldwide.org), subject CLP APPLICATION.

## Timing

Due to the comprehensiveness of the assessment process and verification, Phase One takes approximately one-month to complete, depending on the time required for authenticating information submitted. Once Phase One is completed successfully, applicants will be notified of the next available date for Phase Two completion.

If unsure of any of the requirements or processes, please call ILP on 1300 768 660.

## CLP Application

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# CLP APPLICATION FORM

## 1. Personal Details^

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Organisation \_\_\_\_\_

Postal Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

ILP member (Yes/No) \_\_\_\_\_ Member Level (Professional, Fellow, Virtual) \_\_\_\_\_

## 2. Current Role / Job Description

Position \_\_\_\_\_

Organisation \_\_\_\_\_

Time in Position \_\_\_\_\_ years \_\_\_\_\_ months

Key responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 3. Professional Development

### Educational Qualifications

*Describe provide the full titles of your qualifications including the awarding institution and year awarded. Please attach additional information as required and attach photocopies of certificates and academic transcripts.*

	Qualifications	Institution/Company	Year Awarded
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

*^ILP collects personal information in connection with our role as the professional association for facilitators. A copy of our Privacy Policy is on our website at [www.ilpworldwide.org](http://www.ilpworldwide.org).*

## Courses or accreditations

Include names of any programs or accreditations (e.g. Profiling Tools, Coaching qualifications, etc) including the issuing organisation. Please attach additional information as required and attach photocopies of program certificates.

	Courses/Accreditations/Programs	Institution/Company	Year of Program
1			
2			
3			
4			
5			
6			
7			

## \*\*Certification of awards and/accreditations

Candidates must provide endorsed copies of certificates and transcripts.

For qualifications obtained through research or a combination of research and coursework, please briefly explain the research topic. For institutions located outside Australia, please name the country where the institution is based.

## 4. Experience

### Practical experience

Practical experience is defined as the number of completed years of service either in a recognised learning and development role. Indicate the extent of your years of practical experience within related Learning & Development Role.

5 + Years

10+ Years

Please attach any remarks concerning your experience, which may be useful in assessing your application.

### Professional Experience

Candidates must provide a copy of their curriculum vitae outlining their experience within the learning and development industry. Please attach any remarks concerning your experience, which may be useful in assessing your application.

### Professional Achievements and Awards

Candidates are invited to list professional achievements and awards relating to the learning and development industry and/or role. This may include recognition with industry awards, organisation specific awards, or achievements in the course of working in the learning and development industry.

Name of Achievement or Award	Details of Achievement or Award	Year Obtained



## 5. Endorsement

Candidates must provide details of two referees available to warrant or certify their experience.

### Referee 1

Type of Work \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Title \_\_\_\_\_  
 First Name \_\_\_\_\_ Surname \_\_\_\_\_  
 Organisation \_\_\_\_\_  
 Email \_\_\_\_\_  
 Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

### Referee 2

Type of Work \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Title \_\_\_\_\_  
 First Name \_\_\_\_\_ Surname \_\_\_\_\_  
 Organisation \_\_\_\_\_  
 Email \_\_\_\_\_  
 Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

## 6. Attachments

Please list any documents you are attaching in support of your application.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 7. Declaration (Please ensure you complete the Declaration)

I, \_\_\_\_\_ hereby declare that all of the information provided in this application is to the best of my knowledge true and accurate.

For the purpose of verifying my qualifications and work experience/ employment history, I authorise the Institute for Learning professionals (ILP), or its representatives, to contact the persons, organisations and institutions noted in this application.

I understand all applications will be treated with diligence and confidentiality will be respected at all times. I accept the decisions for CLP certification by the Institute of Learning professionals as final.

When certified, I agree to:

- abide by and uphold ILP's Professional Standards of Conduct; and
- maintain CLP professional standards by undertaking continual development initiatives;

**Signature**

**Date**



## CLP Application Payment Details

Application type:

- ILP MEMBER please enclose \$396.00 (incl. GST)
- NON-MEMBER please enclose \$746.00 (incl. GST)\*

PAYMENT AMOUNT [ \$ ]

- DIRECT CREDIT (Name: ILP, BSB: 084 255 Account: 7995 49140)
- CHEQUE (payable to 'ILP')
- CREDIT CARD
  - VISA       MASTERCARD

Name on Card

\_\_\_\_\_

Card number

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Card expiry    \_\_ \_\_ / \_\_ \_\_                      CCV    \_\_ \_\_ \_\_

Signature

\_\_\_\_\_

*Payment is required with your application form. Fees can be paid by credit card, bank transfer, cash or cheque. Applications will not be processed until fees are cleared and paid.*

Completed forms form constitutes a Tax Invoice upon receipt of payment.

Institute for Learning Professionals ABN 46 126 638 239.