

Facilitator Qualification Form for:

- **KEYS[®] to Creativity and Innovation**
- **SKILLSCOPE[®]**

The Center for Creative Leadership (CCL) has established qualification guidelines for using these assessment instruments for development purposes. Our intent is to ensure their appropriate use by professionals who are trained and experienced in their application. Therefore, not everyone who requests to purchase and use these assessments will be qualified to do so and completion of this form does not guarantee qualification.

Completion and approval of this form are prerequisites to receiving feedback reports from CCL. If you have questions regarding any of the required information, please contact one of our product services representatives at **+1 336 545 2810** for assistance.

CCL Policy on Use of Feedback Data. CCL's goal is to improve the quality of leadership through research, education, and the dissemination of knowledge. As part of our effort, we gather data on organizations and people. We have a very strong commitment to protect the rights, privacy and dignity of every person who participates in a data collection activity. To use our assessment instruments, you must adhere to the following statements. (Check each as read.)

- If I collect data on an individual, group, or organization, I will make myself available to facilitate feedback.
- I will not facilitate individual feedback to any participant with whom I am in a direct reporting relationship.
- Individual participants are the owners of their feedback data. Upon completion of a feedback session I will issue my copy of the report to the participant.
- CCL assessments were not developed for use in selection, compensation, or performance appraisal processes and I will not use them for any of these purposes.
- Except where specifically noted and agreed upon prior to the start of the data collection process, I will maintain the confidentiality of the individual raters.
- I understand and agree to abide by the above statements for the use of all CCL assessments.

Signature: _____

Date: _____

Approval of this form qualifies you to use the following:

- KEYS[®] to Creativity and Innovation** Assesses the climate for creativity existing in a work group or organization
- SKILLSCOPE[®]** Assesses managerial strengths and development needs of an individual

Facilitator Qualification Form for:

- KEYS® to Creativity and Innovation
- SKILLSCOPE®

Education

- Bachelors
 Masters
 Doctorate
 Other: _____

Managerial Experience

- 0-5 Years
 6-10 Years
 11+ Years

Functional Level

- Supervisor
 Manager
 Executive
 Independent Consultant
 Human Resource Representative
 Other

Courses in tests and measures, group process, organizational development, psychology, counseling,
 educational design, etc:

Experience with assessment instruments and/or facilitating feedback:

Intended use of feedback results:

Name:

Title:

Organization:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

Please mail or fax this form to:

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