

Facilitator Qualification Form

The Center for Creative Leadership (CCL)® has established qualification guidelines for using our assessment instruments for development purposes. Our intent is to ensure appropriate use by professionals who are trained and experienced in their application. Therefore, completion of this form does not guarantee qualification to administer feedback on **Skillscope®**

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 our Client Development & Experience team at **+1 336 545 2810, option 1**, 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:

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Approval of the below form qualifies you to use CCL's Skillscope® assessment -
Assesses managerial strengths and development needs of an individual.

Qualifications and Usage

Education

- ☐ Bachelors
- ☐ Masters
- ☐ Doctorate
- ☐ Other: _____

Functional Level

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

Managerial Experience

- ☐ Supervisor
- ☐ Manager
- ☐ Executive
- ☐ Independent Consultant
- ☐ Human Resources Representative
- ☐ Other: _____

Courses in test and measures, group process, organizational development, psychology,
counseling, educational design, etc.: _____

Experience with assessment instruments and/or facilitating feedback: _____

Intended use of feedback results: _____

Contact Information

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Please mail or fax this form to:

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