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**Master Trainer in Facilitating Face-to-Face Learning Certification Program**

**Application Form**

***Guiding notes:***

1. ***Please answer all questions and provide all required documents.***
2. ***Please be concise and do not exceed the space provided.***
3. ***Any information provided in this application form will be kept confidential and will not be disclosed to the public; it will only be used by IFC staff to select candidates for the IFC Master Trainer in Facilitating Face-to-Face Learning Certification Program.***
4. ***Please submit your complete application package at*** ***ifc\_mt\_certification@ifc.org*** ***by February 23, 2020.***

**Personal Profile**

**Personal information:**

Mr. Ms.

First name: Last name:

Contact information: address, phone, email

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Company name: address, phone, email (if different)

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

**Eligibility to apply to the program**

Can you read, write and speak English proficiently? (This training will be conducted in English)

[ ] Yes [ ] No

Have you obtained the IFC-LPI TPMA Certification? (Equivalent certifications from ILO, GIZ, EBRD or other specialized bodies might be accepted)

[ ] Yes [ ] No

**Please continue only if you answered YES to both questions.**

**Education**

Highest academic degree achieved: \_ Click to choose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(please submit a copy of your diploma/certificate)*

Additional diplomas or certificates obtained in the past 5 years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(please submit a copy of your diploma/certificate)*

**Experience in facilitating face-to-face Learning**

Approximate number of hours of facilitating learning in the past 10 years: \_\_\_\_\_\_ hours

***Please provide a breakdown of the minimum of 1,000 hours of experience facilitating face-to-face learning. Please remember to include countries where the World Bank operates* (****http://www.worldbank.org/en/where-we-work****).**

|  |  |  |
| --- | --- | --- |
| **Number of hours** | **Subject** | **Countries** |
| Example: 200 | Cash Flow Analysis | Ethiopia, Kenya, Egypt, … |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |

[ ]  I am not currently based in a country where the World Bank operates, but I used to live/work in an emerging country for six or more years (please specify the country­­­­­­­­­­­­­­­­­­ and approximate dates when you lived/worked there).

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**Industry-specific experience**

1-3 industries in which you have most work experience (e.g. banking/financial services, insurance, manufacturing, agriculture, mining, telecommunications, retail, specify others) and describe the position you held.

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**Experience in Coaching**

Please describe your coaching experience, if any.

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**Experience in other training skills (besides facilitation and coaching)**

What experience in other training skills do you have (needs analysis, content design and development, evaluation of training, others)? Please describe.

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**Gender-related experience**

Have you had any experience working on projects aimed at women (e.g. women associations, women entrepreneurs)? If so, please describe.

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**Motivation Statement**

***Why do you want to become an MT in FFF? What motivates you to join this certification program? (200 words maximum)***

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**Commercial Promotion Plan**

**Please tell us about your business:**

* Where is your company based? How many employees does your company have?
* Who are your clients, what are their profile and characteristics?
* What products or services does your company offer?
* What are your business goals?
* What do you do differently from your competitors?
* How do you market and sell your services?

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**Tell us about your vision for the IFC FFF course and IFC-LPI TPMA certification:**

* How does it fit with your business goals? How will your business benefit from it?
* How does it meet your existing or potential clients’ needs?
* How will you promote it to existing and new customers?

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***I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me from participation in the program.***

Full name (*in capital letters*):

Signature:

Date (*MM/DD/YYYY*):

**References**

***Please provide a minimum of two (2) completed references from clients for whom you provided at least 40 hours of training.***

**Reference form**

1. References should address all questions listed below.
2. References should be emailed directly at ifc\_mt\_certification@ifc.org by February 23, 2020.

**Acceptable reference providers:**

1. Current or previous clients located in a country where the World Bank operates (http://www.worldbank.org/en/where-we-work).
2. Cannot be family members or relatives of the applicant.

**Notes:**

1. The applicant is responsible for providing the reference provider with relevant information about the program requirements, including objectives of the program and the reference, the email it should be sent to (ifc\_mt\_certification@ifc.org), and the due date (February 23, 2020).
2. The applicant is responsible for notifying the reference provider that he or she will be contacted by an IFC representative should any clarifications be required.

**Reference Form**

***This reference is to be submitted to the IFC team at*** ***ifc\_mt\_certification@ifc.org*** ***to facilitate the selection of candidates for participation in the IFC Master Trainer in Facilitating Face-to-Face Learning Certification program. Any information provided will be treated confidentially.***

**Information about the reference provider**

* Title: (Mr, Ms)
* Full name: (first name, last name)
* Business title: e.g. training manager
* Company name:
* Phone number:
* Email:

**I am providing this reference for (the applicant):**

* Title: (Mr, Ms)
* Full name: (first name, last name)
* Business title: e.g. training manager
* Company name:
* Phone number:
* Email address:

**Information about the services rendered**

What services did the applicant provide to you or your company in the past? Please indicate the start and end dates, as well as the location (city, country)

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How satisfied were you with his/her services? Please provide specific evidence to support your claim (e.g. increase in your sales, change in attitude, course satisfaction rates, etc.)

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What are the strengths of this individual?

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In what areas might this individual improve?

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***I hereby certify that the above statements are true and correct to the best of my knowledge.***

Reference provider’s full name (in capital letters) and signature:

Date (MM/DD/YYYY):

***Thank you for completing this reference form. An IFC representative may be in touch with you should further information be required.***