

How to fill out the Assessment of Eligibility Form

STEP 1: Provide your personal information in Section 1

STEP 2: Provide information on your D&I work experience in Section 2

In order to be eligible to complete the CCIP™ Exam and become a Canadian Certified Inclusion Professional™, it is required that you have at least three years of relevant work experience. “Relevant work experience” is defined as any professional experience that helped you develop the competencies included in the Competency Framework. Sample relevant tasks might include, but are not limited to:

- Developing/managing a D&I Strategy
- Developing/delivering training or learning solutions on D&I topics
- Developing/implementing communication plans to support D&I strategic goals
- Designing/implementing D&I strategic initiatives (events, learning programs, talent programs etc.)
- Working with internal stakeholders (e.g. HR department, CSR department, Executives/Leadership team, People Managers, Recruiters, Project Managers) to support/promote the advancement of D&I goals and initiatives
- Working with external stakeholders (e.g. Community Partners, Government bodies etc.) to support/promote the advancement of D&I goals and initiatives
- Provide advice and support to external/internal client on D&I topics
- Create/implement/analyze metrics to assess impact of D&I initiatives on business outcomes
- Create/implement metrics to support D&I strategic planning
- Ensure compliance with applicable legislation related to diversity, equity or human rights
- Conducting/presenting research to support/advocate for D&I initiatives

Please use section 2 of this form to list the roles and positions you have held that have allowed you to acquire three years of relevant work experience. Note that at least two of the three years of experience must be relatively recent (i.e. acquired within the last six years).

List the roles in reverse chronological order. You can add up to eight positions.

You can add one or two references for each role. However, only two references overall are required. For example, if you list five different roles, you are required to provide two references for one of the roles, or one reference for two of the roles. In other words, we want you to provide information on at least two people who can confirm your D&I experience.

STEP 3: Sign, save and name the Assessment of Eligibility form

Electronically sign the document in Section 3, save it as PDF and kindly name it as follows:

YYYYMMDD – Your Last Name – Assessment of Eligibility

e.g. 20170424 – Nayak – Assessment of Eligibility

STEP 4: Prepare, save and name your resume

Prepare a resume. List the roles in reverse chronological order. For each of the positions you have held, please indicate: Job Title, Name of the Organization, Time of Employment (start and end date), and job responsibilities. If a position is older than 15 years, list it only if it is a relevant D&I experience. Save the document as PDF or MS Word document and kindly name it as follows:

YYYYMMDD – Your Last Name – Resume

e.g. 20170424 – Nayak – Resume

Once your Form and resume are ready, you can register on the CCDI website.

SECTION 1: Personal Information

First Name:

Last Name:

Email Address:

Phone Number:

Current Job Title (if applicable):

Current Organization (if applicable):

SECTION 2: D&I work experience

POSITION 1

Job Title:

Organization:

Time of Employment:

Is this a volunteer position? Yes No

If yes, how many hours were dedicated to this position per month on average?

Description of job tasks and responsibilities (max 1500 characters):

Please indicate which Areas of the Competency Framework align with the type of experience you acquired in this role:

- | | |
|--|---|
| <input type="checkbox"/> Area 1: Make the Case for Diversity and Inclusion | <input type="checkbox"/> Area 8: Measurement and Organizational Success |
| <input type="checkbox"/> Area 2: Build a D&I Strategy | <input type="checkbox"/> Area 9: Legislation and Compliance |
| <input type="checkbox"/> Area 3: Implement a D&I Strategy | <input type="checkbox"/> Area 10: D&I Organizational Structures and Support |
| <input type="checkbox"/> Area 4: Stakeholders Engagement | <input type="checkbox"/> Area 11: D&I Subject Matter Expertise |
| <input type="checkbox"/> Area 5: Workforce Planning | <input type="checkbox"/> Area 12: Cultural Competence |
| <input type="checkbox"/> Area 6: HR Practices | <input type="checkbox"/> Area 13: Visionary and Strategic Leadership |
| <input type="checkbox"/> Area 7: Training and Development | |

Please indicate a reference for this position:

Reference first and last name:

Organization and Job Title:

Email address:

If applicable, indicate a second reference for this position:

Reference first and last name:

Organization and Job Title:

Email address:

POSITION 2

Job Title:

Organization:

Time of Employment:

Is this a volunteer position? Yes No

If yes, how many hours were dedicated to this position per month on average?

Description of job tasks and responsibilities (max 1500 characters):

Please indicate which Areas of the Competency Framework align with the type of experience you acquired in this role:

- | | |
|--|---|
| <input type="checkbox"/> Area 1: Make the Case for Diversity and Inclusion | <input type="checkbox"/> Area 8: Measurement and Organizational Success |
| <input type="checkbox"/> Area 2: Build a D&I Strategy | <input type="checkbox"/> Area 9: Legislation and Compliance |
| <input type="checkbox"/> Area 3: Implement a D&I Strategy | <input type="checkbox"/> Area 10: D&I Organizational Structures and Support |
| <input type="checkbox"/> Area 4: Stakeholders Engagement | <input type="checkbox"/> Area 11: D&I Subject Matter Expertise |
| <input type="checkbox"/> Area 5: Workforce Planning | <input type="checkbox"/> Area 12: Cultural Competence |
| <input type="checkbox"/> Area 6: HR Practices | <input type="checkbox"/> Area 13: Visionary and Strategic Leadership |
| <input type="checkbox"/> Area 7: Training and Development | |

Please indicate a reference for this position:

Reference first and last name:

Organization and Job Title:

Email address:

If applicable, indicate a second reference for this position:

Reference first and last name:

Organization and Job Title:

Email address:

Do you want to add more positions? Yes No



SECTION 3: External Assessor

Please indicate your priority External Assessor for this certification:

First and Last name:

Organization and Job title:

Email address:

Please indicate your Alternative External Assessor for this certification:

First and Last name:

Organization and Job title:

Email address:

SECTION 4: Signature

By digitally signing this document, I declare that all the information I have provided in this Assessment of Eligibility form and in the attached resume is true and accurate to the best of my knowledge. I fully understand that any misrepresentation or incorrect information provided in the Assessment of Eligibility form and resume might result in discipline, including suspension or revocation of my eligibility for the CCIP™ certification program. I fully understand that the submission of the Assessment of Eligibility form and resume and/or the fact that I meet the eligibility criteria for the CCIP™ certification program do not guarantee success in the certification program.

Digital signature (simply type your name)

Date: