

Performance Evaluation Request Form

With respect to the Privacy Act, CITC is informing you as a certification candidate that this information is collected in order to properly administer your Performance Evaluation application including processing and reporting results to you. For a full explanation of CITC's privacy policy please consult the website at www.citc.ca/privacy_policy.html.

Name: _____ Email _____

Company Name: _____ Tel # _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Performance Evaluation Date (state preferred week): _____

In order to complete the evaluation, CITC needs to know a bit more about your present position in order to allow the evaluation to take place "incognito".

Job Title: _____ # of Years employed _____

What % of your business is: Corporate ____ Leisure ____ Cruise ____ Other _____
(please state)

Is there a particular area of the world you normally specialize in? _____
(example: Florida / Asia / Britain / Middle East)

Is there a particular travel product you specialize in? _____
(example: ski or golf tours / group tours – for Corporate Counsellors – is there a main corporate client you handle)

What are your normal weekly business hours: _____

Has your office recently participated in any promotional special (example – special cruise or tour) and if so do you have a copy of the advertisement used? Please submit _____

What is your company policy (in brief) regarding payment of a counselling fee?
(example: a deposit fee must be paid up front before any counselling can take place)

Is there anything else about your current work situation CITC should be aware of?
(example: I work in a "border city" and most clients normally depart from this USA city)

Name and contact details of your supervisor, that CITC should confirm the evaluation day and time with.

Name: _____ Tel # _____ Email _____

The Evaluation Fee for the Performance Evaluation is \$ 200 + TAX

Payment Method: Cheque payable to CITC or Credit Card

Card # _____ Expiry Date: _____ / _____

Name as it appears on the card: _____ Signature _____

Please forward to CITC by FAX (416) 484 - 4140

In order to process this request form – you must attach the *supervisor-verified* skills checklist – (sign off sheet) to this form. If not attached your request form will be returned.