



Supervisory Officer's Qualification Program

Application for Business Admission

Please Type or Print in Block Letters

NAME: _____
Surname First Name Middle Name

SOCIAL INSURANCE NUMBER _ _ _ _ _

EMAIL ADDRESS: _____ HOME PHONE: _____

HOME ADDRESS: _____
Street

City Province Postal Code

EMPLOYER'S NAME: _____

WORK ADDRESS: _____
Street

City Province Postal Code

WORK PHONE: _____ WORK FAX: _____

Please complete all sections and forward, along with **original documents** to:
Eastern Ontario Staff Development Network
B137, Duncan McArthur Hall, Faculty of Education, Queen's University
Kingston, ON K7M 5R7
(613) 533-6223 Fax: (613) 533-2816

Supervisory Officer's Qualification Program

BUSINESS ADMISSIONS

The fee for the EOSDN Supervisory Officer's Qualification Program is \$4,500.00 inclusive. All applicants must enclose one installment of \$900.00 with this application.

- A. Send a series of postdated cheques according to your preferred schedule, but ensure that each module is paid for in advance.
- B. Pay \$900.00 prior to the beginning of each module.

Release of Information

I give EOSDN permission to share the information provided on and with this application form, with course facilitators, fellow candidates, and other members of EOSDN.

Applicant's Signature

Date of Application

Please complete all sections and forward, along with **original documents** to:
Eastern Ontario Staff Development Network
B137, Duncan McArthur Hall, Faculty of Education, Queen's University
Kingston, ON K7M 5R7
(613) 533-6223 Fax: (613) 533-2816

Supervisory Officer's Qualification Program

Business Statement of Experience

An appropriate Supervisory Officer is asked to complete this official statement. EOSDN requires that applicants return this form with original signatures with completed application forms.

1. All applicants must have five (7) years of successful experience, including a minimum of 3 years in a relevant managerial role.

This is to certify that

_____ has _____ years of successful experience, including _____ managerial years.
Applicant's Name

Certified by (Please print)

Signature

2. **Undergraduate University Degree**

Name of University

Date

3. **Master's Degree**

Name of University

Date

Please complete all sections and forward, along with **original documents** to:
Eastern Ontario Staff Development Network
B137, Duncan McArthur Hall, Faculty of Education, Queen's University
Kingston, ON K7M 5R7
(613) 533-6223 Fax: (613) 533-2816
Email: eosdn@eosdn.on.ca