



## Credentialed Evaluator Reference/Sponsor Declaration Form

I am providing this reference for (name) \_\_\_\_\_ for the purpose of supporting the following part of this application to the Canadian Evaluation Society (CES) for Professional Designation.

|                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------|--|
| Experience Category <input type="checkbox"/> Employment/Work Related <input type="checkbox"/> Volunteer <input type="checkbox"/> Other |  |
| Title of position or project                                                                                                           |  |
| Name of the employer, client or organization                                                                                           |  |
| Duration in months                                                                                                                     |  |
| Duties and responsibilities                                                                                                            |  |
| Brief description of the work undertaken (150 words)                                                                                   |  |

**The applicant and I have discussed the application and I concur with the accuracy of the information provided.**

I understand that I may be contacted by CES.

|                                                   |  |                                             |  |
|---------------------------------------------------|--|---------------------------------------------|--|
| Name:                                             |  |                                             |  |
| Title:                                            |  |                                             |  |
| Phone:                                            |  | E-mail:                                     |  |
| Business Address:                                 |  |                                             |  |
| Professional Knowledge of Applicant (# of years): |  | In what capacity do you know the applicant: |  |

Signature : \_\_\_\_\_ Date : \_\_\_\_\_