



COMENSA

COACHES AND MENTORS OF SOUTH AFRICA

APPLICATION FOR CREDENTIALING

Indicate the level at which
you are applying to be
credentialed

CCP - COMENSA Credentialised Practitioner

CSP - COMENSA Senior Practitioner

CMP - COMENSA Master Practitioner

Indicate the type of
evaluation

Live evaluation

Skype evaluation

Audio evaluation

PERSONAL INFORMATION

Date of Application

Membership Number

Full Name

E-mail address

Skype name (*if applying for
Skype evaluation*)

Mobile Number

Telephone Number

Residential Address

Post Code

Please indicate your current
COMENSA Membership
Designation

COMENSA Registered Coach

COMENSA Credentialised Practitioner

COMENSA Senior Practitioner

Other

TERMS AND CONDITIONS

I understand that the application fee is non-refundable regardless of outcome.

I have read, acknowledge and agree to abide by the COMENSA Code of Ethics and Conduct

I have had no adverse legal actions taken, or pending, against me as a coach or against my coaching business.

As the applicant, it is my responsibility to provide the evidence that I meet or exceed each of the requirements appropriate for the credential for which I am applying.

I give permission for COMENSA to verify my experience and documentation with the understanding that COMENSA will keep all information confidential.

I understand that all credentialing designations are valid for a 3-year period, at which time they are renewable at the same level provided I meet the renewal requirements.

I understand that COMENSA may change or modify the rules governing credentialing at any time.

I acknowledge that COMENSA has the right to revoke credentials for violations of the COMENSA Code of Ethics and Conduct or for non-payment of fees.

I agree to adhere to the COMENSA Supervision Policy should my application be successful

EVIDENCE TO SUPPORT APPLICATION

I have attended Coach Specific Training which has covered the following topics

	Yes	No	Not Sure
Contracting			
Active Listening			
Using Powerful Questions			
Giving Feedback			
Building Trust and Rapport			
Creating awareness and opportunities for learning			
Designing actions and managing accountability			
Building self-awareness			
Maintaining a coaching presence			
Managing diversity			

CHECKLIST FOR SUBMISSIONS

Please check that the following documents are attached to your submission

Training Log

Training Certificates

References from three (3) Clients

Client Coaching Hours Log

A copy of your ID

Completed SAQA Information Sheet

Proof of Payment

ACKNOWLEDGEMENT

The information contained in this submission is true and correct	YES
	NO

COMENSA may use my data for research purposes	YES
	NO

Note that the information provided in this application may be used for statistical purposes by COMENSA in order to improve levels of service to members. Your confidentiality is guaranteed as inputs will not be attributed to any individual but rather presented as aggregated information and data. All data will be maintained in secure storage and be used for purposes of the research only. You have the choice to participate, not to participate, or to stop participating at any time and will not be penalised for taking such an action.

If you have any concerns regarding this submission, please contact registration@comensa.org.za