



European Knowledge Transfer Society, Aisbl
Accreditation and Certification for the Knowledge Transfer Profession

CERTIFICATION Of Knowledge Transfer Professionals by GRANDFATHERING

RULES AND SPECIFICATIONS

Annex 2 - Application Form

Last Update	March 2016
Diffusion	Public
Related documents	Rules and Specifications, Annex 1

1 - Contact Details of the Applicant

Title:

First Name:

Name:

Position:

Email:

Telephone / Mobile:

2 - Current Employer (if any)

Name:

Address:

Postcode/City:

Country:

Telephone:

Website:

Business Telephone Number:

3 - Type of Application

You wish to apply for:

Certification by Grandfathering

Renewal of certification

You wish to apply for certification at:

Basic level

Intermediate level

Advanced level

4 - Your university degree

- 1-3 years (Bachelor Degree or equivalent)
- 4-5 years (Master Degree or equivalent)
- 6-8 years (Doctorate Degree or equivalent)
- Other (Please provide details):

5 - Your practice in the field of KT

- full-time KT position
- 50-100 % of your time spent on KT activity
- less than 50% of your time spent on KT activity

6 - Number of years of experience in the field of KT

For how many years have you been active in the field of KT?

7 -Your CV. Please attach your detailed CV to this form or provide a link to a relevant webpage. You are kindly invited to use the Europass format.

8- Describe your relevant experiences illustrating your practice in the field of KT (please refer to the conditions of the requested level of application in Annex 2).

8.1 - Experience 1

Who can endorse you for this experience?
Please provide: first name, last name, position, organisation, contact details

8.2 - Experience 2

Who can endorse you for this experience?
Please provide: first name, last name, position, organisation, contact details

8.3 - Experience 3

Who can endorse you for this experience?
Please provide: first name, last name, position, organisation, contact details

8.4 - Experience 4

Who can endorse you for this experience?
Please provide: first name, last name, position, organisation, contact details

8.5 - Any other experience/information which you would like to provide

Who can endorse you for this experience?
Please provide: first name, last name, position, organisation, contact details

9 - Please list below the type and title of the documents which you provide to attest of your experience

List of documents provided:

I, the undersigned (First name, Last name)

Agree to have received and read, and to accept, all the terms and conditions, rules and specifications of the EuKTS Certification by Grandfathering

Agree to provide all useful, complete and fair information necessary for the assessment process and to reply to information requests from EuKTS

Place:

Date (dd/mm/yyyy):

Signature:

For EuKTS :
Application received:
By:
ID: