

## ILA Certified Director - Application Form



### Personal details

Name / First name:		Office phone:	
Company:		Mobile phone:	
Address:		Email address:	
Function:		Date of submission:	

### Eligibility criteria

*I hereby apply to be awarded by ILA as an "ILA Certified Director" and I confirm that I comply with the below eligibility criteria:*

Criteria	Confirmed?	Document(s) to attach
1. I am a member of ILA in good order of membership fee payment		
2. I have signed the ILA Code of Conduct which includes a commitment of CPD hours		Code of Conduct signed
3. I have successfully achieved a program of the Module 1 (The Essentials - Universal) of the ILA training program <ul style="list-style-type: none"> <li>• Program name:</li> <li>• Institution/country:</li> <li>• Session date:</li> </ul>		Copy of Diploma / Certificate
4. I have achieved the Module 2 (The Essentials - Luxembourg) of the ILA training program Session date:		Copy of Attendance Certificate
5. I have a relevant experience within a Board of Directors. I have attached to the present application form:		
- A Cover Letter reflecting my governance experience and achievements		Cover Letter
- A professional Curriculum Vitae		Curriculum Vitae
- The list of my mandates as Board Member (ILA template)		List of Mandates
6. I attach to the present application form an extract of my Police Record and I make a commitment to communicate to the Institute any future information in case of condemnation or of implication in a personal bankruptcy or as a Director.		Extract of Police Record

Additional Comments:

*The certification is subject to an annual review by ILA of my CPD achievements. I commit to inform ILA about any changes that may occur in the above information. I hereby declare that the preceding information is true and exact, and I am aware that my certification can be withdrawn in case of false statement.*

Date and signature