



TRAINING EQUIVALENCY FORM

Girl Guides of Canada recognizes the wealth of skills and experience Members bring to the organization. We encourage you to apply for equivalency for prior experience.

Name:	iMIS:
Address:	Tel:
	E-mail:

Name of GGC training module for which equivalency is requested: _____
 Learning objectives of the training module:

Please explain how your previous experience is equivalent to the learning objectives of the module you are requesting equivalency.

Satisfactory evidence of equivalency includes previous training or related work/life experience. Commissioner, training adviser (or designate) may choose to gather more information to determine equivalency. Please forward the completed form and relevant supplementary information to your training adviser who will review your application and contact you regarding your training equivalency request. Materials submitted for review:

- Learning objectives and outline of equivalent training
- Position/job description indicating relevant skills set
- Other: _____

For Office Use Only:

- Equivalency requirements have been met.
- Equivalency requirements have not been met:
 - Significant information is not covered. Other: _____

Comments:

 Commissioner or Training Adviser (Or Designate)

 Date

Note: Please ensure that the applicants' iMIS profile is updated accordingly.