



Staff / LIC Recommendation Form

Dear CISV Staff Team / Local Interchange Co-ordinator:

National Associations who send leaders to CISV programmes like to get feedback on the leaders they send. As you approach the end of your CISV experience, the International Leadership Training Committee would like you to complete the following recommendation form and **return it to the International Office within 2 weeks of the end of your programme.**

Kindly list the names of each leader** (including any junior leader or junior counsellor) in the left column. For each, note whether you would recommend them for a future leadership position within CISV. **If you answer that would not recommend one of your leaders/JCs, please provide as short explanation stating why you would not recommend them (use additional sheets if necessary).**

REMEMBER:

- The staff team as a whole, not just the director, should complete this form.
- Any concerns should be addressed **immediately** so your team can help the individual improve.
- It is highly recommended that you review your recommendation with each leader prior to the end of your programme.

Programme: _____

Reference Number: _____

Name (First, Last)	National Association (Chapter if known)	Role (Leader, Junior Leader, JC, Staff)	Recommended for another leadership position in CISV?		Comments: e.g. why not recommended; future training suggested (use additional sheets if necessary)
			Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

** Leader refers to leaders/JCs/Junior Leaders and any staff at IC mini camps.
If the individual was staff only at the IC mini-camp, please state so on the form.

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			Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Name of Director/LIC: _____ Role: _____

National Association: _____ e-mail (personal): _____

Home Address: _____

Signature of Director/LIC

Date

Please return completed form to:
CISV International Ltd. (Attn: ILTC),
MEA House, Ellison Place, Newcastle upon Tyne,
NE1 8XS ENGLAND
Fax: + [44 – 191] 261 4710