



Reference Form: de Bono Thinking Systems Instructor Certification

Sponsor: Dr. Sunil Gupta - IDEAS

The individual named below is applying for certification as an Instructor of de Bono Thinking Systems program(s). A completed reference form must accompany their application. Please complete this form and return it to the applicant within one week.

Name of applicant _____

Address of applicant _____

Please respond to all of the following:

1. How long have you known the applicant? _____

2. In what capacity have you known the applicant? _____

3. Please indicate the points on which you base your recommendation of this applicant.

I recommend the applicant for certification as a Training Instructor.

Signature _____ Date _____

Name _____

Company Name _____

Title _____

Address _____

City State Zip Code _____

Telephone Fax _____

Email _____

