

**SPONSOR DECLARATION FORM**

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***All candidates must have a sponsor before registering for the Insolvency Principles, Processes and Practice Course (IP3).***

***Sponsors must complete & submit this form prior to the registration deadline date.***

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I, the undersigned, hereby certify that I:

- a)  hold my CIRP designation and am a general member of CAIRP in good standing and my candidate understands that to apply for licensing as a Licensed Insolvency Trustee, he/she needs to have a Trustee in good standing as a sponsor.
- b)  hold an Insolvency Trustee license.

I have agreed to sponsor \_\_\_\_\_ and he/she  is  is not employed in my office, and if 'yes' has been employed since \_\_\_\_\_ (M/Y).

I assume responsibility for providing practical experience, directing my candidate's studies, marking their assignments, acting as a mentor, and attesting to their readiness to be examined.

I undertake to provide proper supervision and such personal attendances and review of performance and progress as may reasonably be required to ensure compliance with my foregoing responsibility.

I understand that I will receive copies of correspondence between the CQP Committee and the candidate.

I understand that, as a sponsor under a) (see above), should I lose my status as a CIRP in good standing, I will be ineligible to sponsor candidates and I undertake to notify the CQP Registrar immediately.

I understand that, as a sponsor under b) (see above), should I lose my status as a licensed insolvency Trustee, I will be ineligible to sponsor candidates and I undertake to notify the CQP Registrar immediately.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Sponsor \_\_\_\_\_ Signature \_\_\_\_\_ Candidate \_\_\_\_\_ Signature \_\_\_\_\_

Sponsor \_\_\_\_\_ Print Name \_\_\_\_\_ Firm \_\_\_\_\_

Address:  same as applicant or \_\_\_\_\_

\_\_\_\_\_