

## SPONSOR RECOMMENDATION FORM

**Evaluation and Recommendation - to be completed for those requesting an exemption from the General Entrance Requirements.**

According to Sections 37 and 38b) of the MOU:

**“Entrance Requirements:** applicants to the Program must either:

37. hold a Canadian university degree or equivalent;

hold a relevant professional designation recognized in Canada, being a CA, CMA, CGA (or as such designation may be known from time to time) or LL.B (or similar law degree);

be in the final level of a program leading to such a designation, or

have a minimum of five years relevant experience AND have successfully completed a minimum of one accredited course in each of accounting and business law at a post-secondary education level.

38. b) The CQP Committee is responsible for establishing prior to the Program Commencement Period ... guidelines for the exercise of discretion in admitting applicants who do not meet the entrance requirements;”

Candidates who possess neither a professional designation nor a relevant university degree are at some disadvantage in the CQP Program. The Program is offered at a post-graduate level. Candidates are expected to be self-directed learners with considerable experience in applying concepts and in writing advanced-level exams.

Our tracking of candidate performance shows that those candidates accepted under Section 38b of the MOU often succeed at the beginning of the Program but demonstrate lower success at the higher level. The CQP Board wishes to convey this information to applicants and their sponsors so that candidates may consider whether they are suitable for the rigors of the Program or would be in a better position to move through the Program by first upgrading their academic credentials, in particular in accounting and business, before making their application.

**Candidate Name:** \_\_\_\_\_  
First
Middle
Last

**Candidate Instructions:** The candidate is to submit this form to his/her intended sponsor, who must return it directly to the CQP office, in order to maintain confidentiality.

**Sponsor Instructions:** If you are unable to complete all areas, please make a copy of this form and forward to the appropriate evaluator (e.g., academic, personal reference, etc.) Your evaluation will be an important part of the admissions decision. Your comments will be held in complete confidence.

Under what circumstances and for what period of time have you known the candidate?

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Have you ever been a sponsor before? If so, for what period of time? \_\_\_\_\_

***WORK EXPERIENCE***

Please complete the following table for all areas in which your candidate has experience:

	<u>Scope of Duties</u>	<u>Period of Time</u>
<b>Face-to-face experience with debtors/bankrupts</b>		
<b>Administering files</b>		
<b>Closing files</b>		
<b>Accounting experience and knowledge</b>		
<b>Knowledge of business and business operations</b>		

**PERSONAL SKILLS AND ATTRIBUTES**

Please evaluate your candidate on his/her capacity to succeed in the CQP using the following table:

	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>No Opportunity to Observe</b>
Critical Thinking				
Maturity				
Self-discipline				
Leadership Potential				
Teamwork Capacity				
Initiative				
Analytical Skills				
Verbal Skills				
Writing Skills				
Interpersonal Skills				
Dealing with Complexity				

Please use the space below (attach additional sheets as necessary) to make any comments you may feel are important concerning this candidate. Your comments on this candidate's aptitude for future success as a trustee will be especially appreciated.

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KNOWLEDGE  
SKILL  
COMPETENCY

CHARTERED INSOLVENCY AND RESTRUCTURING PROFESSIONAL  
QUALIFICATION PROGRAM

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- I recommend admission.
- I would recommend admission, with reservations, which I have specified above.

Sponsor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company/Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Sponsor, please return this form directly to:**

Isabelle Gauthier, CQP Registrar  
CAIRP  
277 Wellington Street West  
Toronto, ON  
M5V 3H2  
E-mail: [isabelle.gauthier@cairp.ca](mailto:isabelle.gauthier@cairp.ca)  
Fax: 647-695-3149