



**INSTRUCTIONS:** Download this form to your device, fill it out and then press the SUBMIT button at the bottom to email the form to ACDS.

## CET Surveyor Application

Any questions you have may be forwarded to [accred@acds.ca](mailto:accred@acds.ca)



Creating  
Excellence  
Together

Date

Please select the position you are applying

Team Member

Team Leader

for: **1. Personal Information**

Name

Employer

Employer's Address

City

Province

Postal Code

Email

Phone

**2. Employment History** (including your current position)

Employer

Position

Date

May we contact any of your previous employers?

Yes

No

If not, please explain why

In less than 300  
words, highlight your  
primary  
responsibilities

### 3. Education

Institution

Program

Level of  
Certification

Date

### 4. Experience with CET Standards

Employee of a service provider that is accredited under CET Standards Involvement with other accreditation processes or service evaluations (please specify)

### 5. Other Experience

In less than 300 words, summarize your experience in the community disability services field, highlighting your abilities as they relate to:

- Interacting with Others
- Written Communication
- Objectivity
- Flexibility & Adaptability
- Organizational Framework Knowledge
- Leadership Skills

### 6. References

Please have two references complete the accompanying CET Surveyor Reference Form. One must be from your supervisor.

### 7. Survey Commitment

Checking this box verifies that you understand that you must complete at least two surveys per year upon completion of training.

**The SUBMIT button only links this form to your email program if the form has been downloaded to your device first and then filled out.**