

Enrolled Member Annual Evaluation



Part A

This section should be completed by the enrolled member. Once you have completed this section, forward this form to your sponsor who should complete Part B and return the completed form to the association by **January 31**. If your sponsor has changed in the past year, you must also submit a *Change of Sponsor Form*, available on the association's website at www.abcfp.ca.

Enrolled Member: _____ **Member No:** _____
(given names) (last name)

Sponsor: _____ **Member No:** _____
(given names) (last name)

Part B

This section should be completed by the sponsor and returned by mail to the association's office, addressed to the attention of the Registration Department, by **January 31**. **Only originals will be accepted.** Do not fax this form.

This annual evaluation is a requirement under the Association of BC Forest Professionals (ABCFP) *Articling Policy*. Annual evaluations help the association document the work experience and professional conduct of our enrolled members and must be completed by the sponsor so that the enrolled member can receive credit for work experience gained over the past year.

Evaluation Period: December 1, _____ until November 30, _____
(year) (year)

Please answer each question completely. Attach additional sheets if required. Feel free to offer candid comments about the enrolled member that you are sponsoring. These forms are confidential and will not be released to any other parties.

1. How many months of work experience has the enrolled member gained under your sponsorship?

2. How often did you and the enrolled member meet in the past year to discuss forestry issues?

3. How often did you and the enrolled member meet in the last year to discuss his/her progress toward registration?

4. What academic requirements, to your knowledge, is this enrolled member still required to complete?

5. How are you helping this enrolled member meet his/her registration requirements (including any outstanding academic requirements)?

6. Do you feel that this enrolled member is making satisfactory progress towards registration? If not, why not?

7. Are there any areas that need improvement? Are there any areas in which this enrolled member is making exemplary progress?

8. Do you feel that this enrolled member's character, experience and repute are suitable for eventual registration with the association?

9. Please provide a brief outline of the work experience and or volunteer activities that this enrolled member has engaged in over the past year.

Sponsor: _____ (given names) _____ (last name) **Member No:** _____

_____ Date

_____ Signature of Sponsor

Affix
Seal Or Stamp
Here

Return completed evaluation to:
Registration Department
Association of BC Forest Professionals
330 - 321 Water St
Vancouver, BC V6B 1B8

**If you have any questions or concerns,
contact the Registration Department.**
Ph: 604.687.8027
E-mail: admissions@abcfp.ca