

# IMPACT

INTERIOR DESIGN

## Applicant Information

Full Name:

Date:

Last	First	MI
Phone:	Mobile:	
Email		

Are you an IIDA WI Member\*?

YES NO

*\*IMPACT ID applicants must be IIDA members before first session if accepted into the program.*

Provide IIDA WI member #:

How long have you been working as a professional interior designer?

Are you NCIDQ accredited?

YES NO

Are you WRID?

YES NO

## Current Employer

Company Name:	
Address:	
Company Phone:	
Your Position:	

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How do you define leadership? How have you previously demonstrated leadership skills? Examples can be work, volunteer, or personal-life related. [three to four sentences]

What do you hope to learn from the IMPACTID program? How do you anticipate applying learned principles to your career? [three to four sentences]

Applicant Name	
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## IMPACTID Participation Agreement

This program's success is directly related to the attendance by the participants and therefore attendance is mandatory. Each member will be allowed one excused absence. If two or more sessions are missed the applicant may be released from the program. The following agreement form must be filled out and signed by the applicant. The signature of a firm principal is also required showing commitment of the firm to the applicant's full participation.

### Supervisor Agreement

*I authorize and encourage the above applicant to participate fully in the IIDA WI **IMPACT ID** program and fully understand the attendance requirements as outlined above.*

Supervisor Name			
Supervisor Email:			
Supervisor Phone:			
Signature		Date	

### Disclaimer, Agreement and Signature

*I fully understand the attendance requirements for the IIDA WI **IMPACT ID** program and agree to fulfill those requirements if selected.*

*I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in my release from the program.*

Applicant Name			
Signature		Date	

Submit your application by emailing to [iidawi.impactid@gmail.com](mailto:iidawi.impactid@gmail.com) . Along with this application, you will need to attach a **RESUME** in PDF format, sent to the same email. Subject line of email to include "applicant last name" and "IMPACTID Program". All applications are due no later than Thursday October 30th, 2025

For more information regarding the IIDA Wisconsin Chapter **IMPACT ID** go to [IIDA WI | IMPACT INTERIOR DESIGN](#)

Applicant Name	
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