

APPLICATION FORM

PERSONAL CONTACT DETAILS

Name : _____

Preferred Name : _____

Home Address: _____

Phone: _____ Mobile: _____

Email: _____

EMPLOYMENT CONTACT DETAILS

Organisation: _____

Business Address: _____

Position/Title: _____

Phone: _____ Mobile: _____

Email: _____

I AM INTERESTED IN APPLYING FOR THE FOLLOWING PROGRAM :

- Leadership Skills Initiative
- Community Leadership Year
- Business Leaders Program

Please Return ORIGINAL & 2 COPIES to:

Leadership Wimmera
62 Darlot Street,
Horsham Vic 3400

Phone: 5381 1744 Fax: 5381 1745 Email: abothe@wda.org.au

EMPLOYMENT / EXPERIENCE

Date commenced current employment: ____ / ____ / ____

Title/Position on joining: _____

Description of responsibilities (role, budget, staff): _____

Previous Employment (if above less than two years):

What do you consider your highest career achievement to date?:

ACTIVITIES & ORGANISATIONS

What are your major community interests ?:

Please list, in order of importance to you, up to five community, civic, professional, business, religious, social sports and other organizations of which you are, or have been a member, indicating any positions of responsibility (if applicable ?):

Organization	Approximate Date of Membership	Position Held
1: _____	_____	_____
2: _____	_____	_____
3: _____	_____	_____
4: _____	_____	_____
5: _____	_____	_____

How much time each month do you currently commit to these organizations of equivalent activities ?

EDUCATION & TRAINING

School/College	Years From / To	Qualifications
1:		
2:		
3:		
4:		
5:		

Extracurricular Activities/Leadership Activities during your Education?:

- 1: _____
- 2: _____
- 3: _____
- 4: _____
- 5: _____

Leadership Activities undertaken since completing your formal Education?:

- 1: _____
- 2: _____
- 3: _____
- 4: _____
- 5: _____

Any special awards / honours / prizes ?:

- 1: _____
- 2: _____
- 3: _____
- 4: _____
- 5: _____

Will you be enrolled for any formal qualifications in 2010 ? If YES, please specify:

OTHER INFORMATION

What do you hope to gain from your participation in the Leadership Wimmera Program ?:

What do you bring to the Program (particular strengths and experiences ?:

Who is your personal inspirational leader or role model, and why ?:

Using a few sentences, describe yourself ?:

Why do you wish to participate in the Leadership Wimmera Program ?

How did you hear about the Leadership Wimmera Program ?

CEO/Employer Radio Press/Media Other (Please Specify):

EMPLOYER / SPONSOR

(To be completed by Employer or Sponsor)

This candidate has my full support to participate in the Leadership Wimmera Program.

I am aware of the time commitment and organizational financial contribution.

(This must be signed by the organization's Chief Executive Officer or equivalent (if other than the applicant).

Name : _____

Title : _____

Organization : _____

Date: _____

Signature: _____

Phone: _____ Mobile: _____

REFERENCES

Personal Recommendation: (Please list TWO persons who are knowledgeable about your leadership potential. (Preferably not from your Employment organization).

1. Name : _____

Organization: _____

Title: _____

Phone Contact : _____

2. Name : _____

Organization: _____

Title: _____

Phone Contact : _____

PERSONAL COMMITMENT

I understand the goals and time commitments of the Leadership Wimmera Program. If selected I will devote the required time and pay the Personal Contribution (*if applicable*) upon request. I understand that I am committing myself to increased involvement in the community upon graduating from this program.

Applicant's Signature _____ Date: _____

