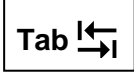




Application Form Midland Leadership Programmes

This application form has been designed to be completed electronically

Please **Tab**  through the fields and type in your answers

Applicant	
Position title	
Department	
DHB	
Email address	
Work phone & mobile	
Line manager	
How long have you worked for the DHB?	
What is your FTE?	
Programme <i>(click on box)</i>	<input type="checkbox"/> Leadership in Practice <input type="checkbox"/> Health Leaders Advanced
Programme commencement date	

Your commitment

If you are accepted onto the programme you will be required to: *(click on box)*

- fully attend all programme days
- complete all programme work
- meet regularly with peer/coach/mentor (if applicable)
- meet with your Manager
- commit to the extra hours of study time per week required by each programme
- agree to reimburse the total fee paid if you resign or withdraw from the programme for other than extenuating circumstances.

Why are you wanting to complete this programme?

How does this programme fit with your career/work goals and personal development plan?

What other leadership / management programme have you attended or currently undertaking? (Please specify name of the programme, when completed/completing, length)

Do you have any current intention of leaving the DHB within the next year?

Yes No

Applicants Name:

Signature:

Date:

Authorisation

Your Line Manager's Comments

Line Manager's Commitment

Please mark that you accept each of the following responsibilities: *(click on box)*

- To meet with your employee and provide support and coaching throughout the programme
- To allow time for programme attendance

Why have you recommended that your employee attend this programme?

Line Manager

Signature

Date:

Once completed, and approved

Please send to: Colleen Lambourne, Education Centre Administrator, BOP Clinical School

colleen.lambourne@bopdhb.govt.nz
