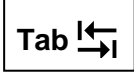




Application Form Midland Leadership Programmes

This application form has been designed to be completed electronically

Please  through the fields and type in your answers

Applicant	
Position title	
Employee Number	
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 *(Applicant to complete)*

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

- fully attend all programme days
- complete all programme requirements
- meet regularly with peer/coach (if applicable)
- meet with your Manager during the programme, to discuss the module content, learning & application
- commit to the extra hours of study time per week required by the programme
- agree to reimburse the total fee paid if you resign or withdraw from the programme for other than extenuating circumstances.

How does this programme fit with your career/work goals and personal development plan?
(PDP e.g. forms part of the employee's performance review).

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

Yes No



In relation to the programme outline, list the four key competencies (knowledge, skills, and attitudes) that you intend to focus on during the programme?

1.	
2.	
3.	
4.	

What other leadership / management courses or programme have you attended, are currently undertaking, or are planning to undertake within the next 12 months? (Please specify name of the programme, when completed/completing, length)

Applicants Name:

Signature:

Date:

Line Manager To Complete

In relation to the programme outline, list the competencies (knowledge, skills, and attitudes) that you wish your employee to focus on during the programme?

1.	
2.	
3.	
4.	

Why have you recommended that your employee attend this programme?

Line Manager's Commitment

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

To meet with your employee between each module to discuss the module content, learning and application

To allow time for programme attendance

Authorisation: Line Manager Name

Signature

Date:

Email Address:



- Print and keep a copy of the application form for your records**
- Send the signed original form to Colleen Lambourne, Administrator, Education Centre, 889 Cameron Rd, Tauranga email: colleen.lambourne@bopdhb.govt.nz**

For office use only (following Selection Panel decision):

Selected on programme <input type="checkbox"/>	Letter sent to employee <input type="checkbox"/>	Confirmation received Accepting / Withdrawn <input type="checkbox"/>
e-diary appointment sent <input type="checkbox"/>	HRIS updated <input type="checkbox"/>	
Application / Letters to employee file <input type="checkbox"/> ____/____/____ date sent to Payroll		
On wait list <input type="checkbox"/>	Letter to applicant <input type="checkbox"/>	Contacted manager <input type="checkbox"/>

