

**Leadership Illawarra Program**Confidential Scholarship / Application Form  
On completion please email to [admin@rdaillawarra.com.au](mailto:admin@rdaillawarra.com.au)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname |  | | | | |
| First Name |  | | Preferred name | |  |
| Date of Birth | Click or tap to enter a date. | | Preferred pronouns | | Choose an item. |
|  |  | | | | |
| Organisation / Employer |  | | | | |
| Present Job Title |  | | | | |
| Since (date) | Click or tap to enter a date. | | | | |
| Business address |  | | | | |
|  | | | Postcode |  |
| Telephone | Business: |  | | Mobile |  |
| Business email |  | | | | |
|  |  | | | | |
| Home address |  | | | | |
|  | | | Postcode |  |
| Preferred telephone |  | | | | |
| Home email |  | | | | |

# Employment / Experience

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| *Please provide a brief description of your current role, responsibilities, staff, etc.* |
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| --- | --- | --- | --- |
| *Previous employment in reverse chronological order* | | | |
| **Employer** | **Title / Responsibility** | **Dates** | |
| *from* | *to* |
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# Education/Training (reverse chronological order)

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| --- | --- | --- | --- | --- | --- |
|  | **Institution** | **Location** | **Years** | | **Qualifications & Specialisation** |
| *from* | *to* |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| *List any extra-curricular activities / leadership activities during education* | | | | | |
| sfgh | | | | | |

# Personal

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| What are your reasons for nominating for the Leadership Illawarra Program and what do you hope to gain? | | | | | | | |
|  | | | | | | | |
| How did you first hear about the Leadership Illawarra Program: | | | | | | | |
| CEO/Employer |  | Media |  | Past Participant |  | Word of mouth |  |
| Other (please specify) | | | | | | | |
|  | | | | | | | |

# Participant Commitment

**Time**

The Leadership Illawarra program is a two-year commitment, commencing in January 2023 and concluding in December 2024. Essential elements include:

* Saturday workshops and Master Classes (up to 3 of each per year)
* Parliament House visits x 2. 2 days – Canberra, 1 day – Sydney
* Mentoring Program
* One core program/site visit per month (approximately 2 hours)

Participants are required to maintain a minimum attendance of 80% across all core program events. Failure to meet the 80% attendance requirement may result in consultation with the participant’s employer and / or possible discharge from the program.

**Fees**

Should you be unsuccessful in receiving one of the full or half scholarships available, the fee for the two year Leadership Illawarra program is $4,000 per annum plus GST. This fee may be paid by the participant, or the employer. The total fee is payable on acceptance into the program.

**Candidate Selection Criteria**

* Currently employed in a management or coordination capacity
* Demonstrated commitment to the Illawarra region and improvement of its human services capability

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| *Evidence:* |
|  |

* Commitment to develop your own capacity for leadership

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| *Evidence:* |
|  |

* Demonstrated ability to work as a member of a team

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| --- |
| *Evidence:* |
|  |

**Employer or Sponsor Agreement**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| This candidate has my full support to participate in the Leadership Illawarra Program | | | | Yes |  | No |  |
| I am aware of the time commitment, organisational and financial contribution | | | | Yes |  | No |  |
| My organisation is available to participate by hosting a site visit during the program and supplying basic catering | | | | Yes |  | No |  |
| My organisation will provide access and support in the way of guest speakers and information | | | | Yes |  | No |  |
| I am responsible for the payment of upfront fees for this program ($4,000 pa plus GST across 2 years) | | | | Yes |  | No |  |
| **Employer/ CEO Name** |  | **Position Title** |  | | | | |
| **Signature** |  | **Date** |  | | | | |

# Applicant Agreement

I understand the goals and time commitment required of a participant in the Leadership Illawarra program. If selected I will devote the required time to attendance and personal involvement. I understand that I am committing to increased activity in the community upon graduation.

If selected I agree that any information and photographs throughout the program may be used for the program promotion and media releases, including the Leadership Illawarra program and associated websites.

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| **Applicant’s Signature** |  | **Date** |  |