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# Global Women Breakthrough Leaders Programme 2021

# Application Form

Please pass on the Executive Sponsor Form to the Chief Executive Officer (or other member of the Executive Management Team who will act as your Executive Sponsor) to complete and return to us.

**Applications close at 2pm Friday 24th December**

## COMPLETED FORMS CAN BE SUBMITTED BY EITHER:

**Email:** chantelle.lincoln@globalwomen.org.nz

**Post:** Women in Leadership Committee, Global Women, Level 4, 57 Fort Street, Auckland CBD

\*Must be received by email or hard copy

## PERSONAL INFORMATION

|  |
| --- |
| Full Name: Click here to enter text. |
| Preferred name for badges: |
| Ethnicity: Click here to enter text. |
| Language(s) spoken: Click here to enter text. |
| Date of Birth: Click here to enter text. |
| Spouse’s/Partner’s Name: Click here to enter text. |
| Children (name/s and ages): Click here to enter text. |
| Dietary requirements: Click here to enter text. |

## CONTACT DETAILS

|  |  |
| --- | --- |
| Preferred Landline: Click here to enter text. | Preferred Mobile: Click here to enter text. |
| Business Email: Click here to enter text. | Personal Email: Click here to enter text. |
| Preferred postal address: Click here to enter text. | |
| PA Name: | PA Email: Click here to enter text. |
| PA DDI: Click here to enter text. | PA Mobile: Click here to enter text. |
| Business Website: Click here to enter text. | |

## ORGANISATION INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company/Organisation Name: Click here to enter text. | | | | | |
| Position/title: Click here to enter text. | | | | | |
| Length of Employment: Click here to enter text. | | | | | |
| Please tick which best describes your organisation: | | | | | |
| Corporate | | Professional Services | | Academic Institution | |
| Government Agency | | Not For Profit | | Other: Click here to enter text. | |
| Current Industry(s): |  | | | | |
| Product/Services: | Click here to enter text. | | |  | |
| # direct reports: | Click here to enter text. | | Total # employees: | | Click here to enter text. |

## EMPLOYMENT HISTORY

|  |  |  |
| --- | --- | --- |
| Name of Company | Title/Responsibility | From (m/y) – To (m/y) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Out of all the roles above, which has been the most significant and why? | | |
| Click here to enter text. | | |

## EDUCATION HISTORY

|  |  |  |
| --- | --- | --- |
| Qualification | Academic Institution | Year |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| If you’d like, please elaborate with comments: | | |
| Click here to enter text. | | |

## ACTIVITIES/LEADERSHIP HISTORY

|  |  |
| --- | --- |
| Vocational/Professional | Click here to enter text. |
| Community Interests | Click here to enter text. |
| Extracurricular | Click here to enter text. |
| If you’d like, please elaborate with comments: | |
| Click here to enter text. | |

|  |  |
| --- | --- |
| Which of the following instruments have you participated in? Please tick or highlight the relevant box(s): | |
| Hermann Brain Dominance Instrument (HBDI) | Strengthsfinder |
| Human Synergistics Life Styles Inventory (LSI) | Hogan Personality Inventory (HPI) |
| Human Synergistics Leadership Impact (L/I) | Hogan Business Reasoning Inventory (HBRI) |
| DISC | Hogan Development Survey (HDS) |
| Myers Briggs (MBTI) | Motives, Values, Preferences Inventory (MVPI) |
| The Betterlife Tookit | TILT |
| The Leadership Circle 360 Profile | I have not taken a self-assessment before |
| Other. Please specify: Click here to enter text. | |

## PERSONAL INSIGHTS

1. Please describe your current responsibilities, including your level in the organisation.

Click here to enter text.

1. Please describe your current professional and personal goals ( family/whanua, relationships, career, contribution, leisure time, income)

Click here to enter text.

a) What is your current vision of the life (personal and professional) you are creating?

Click here to enter text.

b) What is behind your application for the Global Women Breakthrough Leaders Programme? What are your ultimate objectives of what you hope to achieve from the programme?

Click here to enter text.

1. Describe briefly any previous leadership development programme(s) that you’ve attended.

Click here to enter text.

1. What were your key learnings and what did you do differently as a result of attending the course(s)?

Click here to enter text.

1. Describe briefly (in less than 200 words) what has been a high point in your leadership experience in the last 5 years? How did this highlight your strengths and areas for development?

Click here to enter text.

1. What do you believe you can contribute and offer to other participants in this programme (e.g. skills, expertise, perspectives, cultural)?

Click here to enter text.

1. What obstacles have you overcome to get to where you are today, both professionally and personally? What essential lessons have you learned from some of your mistakes and how can you put those lessons into practice for the future? (Please limit yourself to less than 200 words)

Click here to enter text.

1. How has/is your culture and heritage shaped/shaping who you are as a leader?

Click here to enter text.

1. What is the #1 most pressing question or problem you’re facing right now with respect to your work?

Click here to enter text.

1. What are you hoping to have happen for you within the next 1-3 years?

Click here to enter text.

1. What else is there that you really want us to know?

Click here to enter text.

## BILLING INFORMATION

The fee for the nine month programme is $29,500 plus GST

|  |  |
| --- | --- |
| BILLING CONTACT DETAILS | |
| Full Name: Click here to enter text. | |
| Position: Click here to enter text. | Company/ Organisation Name: Click here to enter text. |
| Postal Address: Click here to enter text. | |
| Phone: Click here to enter text. | E-mail: Click here to enter text. |

## SCHOLARSHIP APPLICATION

## Are you applying for a scholarship?

|  |  |
| --- | --- |
| SCHOLARSHIP INFORMATION | |
| Yes/No: Click here to enter text. | Maori/Pasifika: Click here to enter text. |

## EXECUTIVE SPONSOR INFORMATION

You must be nominated by your current employer and accompanied by a statement in support of your application from your Chief Executive Officer or a senior member of the Executive Management Team.

|  |  |
| --- | --- |
| EXECUTIVE SPONSOR CONTACT DETAILS | |
| Full Name: Click here to enter text. | |
| Position: Click here to enter text. | Company/ Organisation Name: Click here to enter text. |
| Postal Address: Click here to enter text. | |
| Phone: Click here to enter text. | E-mail: Click here to enter text. |

## REFERENCES

Two professional (outside of current organisation) and one personal (outside of family, who knows you in another capacity e.g. community/volunteer).

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Organisation | Phone number |
| Professional | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Professional | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Personal | Click here to enter text. | Click here to enter text. | Click here to enter text. |

## CANCELLATION POLICY

## Payment is due within 30 days of the invoice date

## Cancellation Policy - I acknowledge that

1. All cancellations must be in writing
2. To receive a full refund we must send to you any cancellation no later than thirty (30) days before the start of the programme.
3. Due to the high demand for this programme and the pre-programme preparation, cancellations received within:

* Thirty (30) days before the programme begins are subject to a 50% programme fee
* Seven (7) days before the programme begins are subject to a 75% programme fee and
* After the programme begins, all cancellations are subject to full payment.

## I further acknowledge that should I change job after I have been accepted onto or have started the programme and payment of the programme fee has been made:

1. The programme fee will not be reimbursed.
2. I will be responsible for ensuring that issues concerning the payment of my programme fee that involve my former executive sponsor/employer and me are settled directly between us, without the involvement of NZ Global Women Trust.

## DISCLAIMER

1. This disclaimer applies to the provision of reports (**Reports**) and/or advice (**Advice**) given or prepared by Global Women as part of its various programmes, including Global Women Breakthrough Leaders Programme, Global Women Activate Leaders Prorgamme and Global Women Mentor Me (together, “**Programmes**”), together with your participation in Programmes.

1. Your participation in any Programme indicates your acknowledgement and acceptance of this disclaimer.

1. While care and thought is taken by Global Women in the preparation and provision of Reports and/or Advice as part of the Programme, Global Women disclaims its liability for errors or omissions contained in such information and does not accept responsibility for the accuracy or completeness of information supplied.

1. Any reliance you place on Reports and Advice, and the actions and decisions that you make as a result of these or your participation in the Programme is your responsibility and your risk.

1. Unless you have rights under the Fair Trading Act 1986 or the Consumer Guarantees Act 1993, Global Women and its directors, officers, employees and contractors exclude their liability to you for any loss, damage, costs or expenses whatsoever (including consequential loss), arising out of or in connection with the Programme, Reports, Advice and the actions you may take in relation to or as part of these.

|  |  |
| --- | --- |
| I certify that all the information and accompanying material provided in connection with this application is genuine, true and accurate. | |
| SIGNATURE OF APPLICANT: | DATE: Click here to enter text. |