

Excellence in Local Government Leadership Program (ELGLP)

Application for Admission 2012

Application closing date: COB Monday 6 August, 2012

Personal Details (please print clearly)

| Title | Dr Mr Ms | Gender | Male Female |
|---|----------------|--------|----------------|
| Given name | | | |
| Surname | | | |
| Preferred given name | | | |
| Postal Address (to which correspondence and reading materials will be sent) | | | |
| Telephone Work | | | |
| Telephone Home | | | |
| Fax | | | |
| Mobile | | | |
| Email | | | |
| Dietary and other requirements for stay at residential program | | | |

Current Employment Details

| | |
|---|--|
| Location | <p>Australian Capital Territory New South Wales New Zealand Northern Territory Queensland South Australia Victoria Western Australia</p> |
| Name of Local Government Authority | |
| Classification of Local Government Authority | <p>New Zealand: Regional Council District Council City Council Unitary Authority</p> <p>Australia: Rural Agricultural (RAL, RAM, RAS, RAV) Rural Significant Growth (WA only) Rural Remote (RTL, RTM, RTS, RTX) Urban Capital City Urban Metropolitan Developed (UDL, UDM, UDS, UDV) Urban Fringe (UFL, UFM, UFS, UFV) Urban Regional (URL, URM, URS, URV)</p> |
| Job Title | |
| Briefly outline your current role | |
| Number of years at present level | |
| Number of years in sector | |
| Educational qualifications | |

Personal Statement

This personal statement is designed to help ANZSOG learn more about you and your motivations for undertaking the program and your desired learning outcomes.

What are your reasons for undertaking the program?

What are your long term objectives, and how will the program help you achieve them?

Outline your learning development needs and your priorities for new learning opportunities.

What are the critical issues facing your local government authority?

Scholarship application

Some scholarships are available for participation in the ELGLP. Scholarship funds may cover all program fees in total or part of the program fee. Outline the reasons why you believe you should be considered for a scholarship.

Fees

Fee per participant: \$12,500.00 + GST
Fees include accommodation, meals & materials
Additional costs: airfares, ground transport

Please confirm below that, should you be successful in your scholarship application, you or your organisation will be able to cover the remainder of the fees and associated travel costs to and from the program.

YES

NO

Please indicate if you will also be applying on a full-fee basis.

YES

NO

Professional Referee

To support your application, please attach a brief report (see 'Referee Report' at the end of this application form) from a professional referee outlining your suitability for this program.

Name

Job title

Council

Work phone

Mobile

Email address

Invoicing details

This is the person ANZSOG is to invoice for the fees of this program.

Contact person

Title

Council

Postal address

Email

Telephone

Fax

How did you hear about this program?

| | | |
|-----------------------------|------------------------------|-----------------------------------|
| ANZSOG Marketing | Direct mail | Other (please specify) : _____ |
| Colleague | Internet | |
| Consultations/ focus groups | Local Government Association | |

Application declaration

In signing this application I acknowledge I have read the ANZSOG Privacy Policy at <http://anzsog.edu.au/privacy>. I give permission for name and contact details to be given to faculty presenting and to other participants in the course.

Applicant Signature

Date

Information for applicants

Enquiries

Information about ANZSOG and the Excellence in Local Government Leadership Program can be found on our website at www.anzsog.edu.au.

If you have any further queries about your application please contact:

Jane Durlacher (ELGLP Coordinator)
Phone: +61 3 9035 3278
Fax: +61 3 9650 8785
Email: j.durlacher@anzsog.edu.au

Privacy Statement

As part of the services provided by ANZSOG, it collects and records personal information about applicants from a number of sources. In dealing with personal information, ANZSOG complies with the National Privacy Principles as set out in the Privacy Act 1988 (Cth.) and the Privacy Amendment (Private Sector) Act 2000 (Cth.). In particular, ANZSOG may disclose personal information collected about applicants to faculty presenting on the program and to the applicant's sponsor.

Further details about the ANZSOG privacy policy may be found at the ANZSOG website.

Your consent to disclosure of information pursuant to the ANZSOG privacy policy is taken to have been given when you complete this application and provide it to ANZSOG.

Disclaimer

Information provided about courses and curriculum and any arrangements, including staffing, are an expression of intent only and are not to be taken as a firm offer or undertaking. ANZSOG reserves the right to discontinue or vary such courses and curriculum or arrangements at any time without notice and to impose limitations on enrolment in any course or subject.

What happens next?

Send (via post, email or fax) your application to the above contact by COB Monday 6 August, 2012

When ANZSOG receives your application form, we will acknowledge its receipt.

From **August 20, 2012** we will advise you if your application has been successful.

(Please note that there will be a selection process, and that not all applications will be automatically accepted.)

Professional Referee Report

You have been nominated as a referee for an applicant who is applying for the Excellence in Local Government Leadership Program. Please complete this form in support of his/her application and return it to the applicant for submission with their application.

| | | | |
|-------------------------|--|-----|--|
| Applicant's name | | | |
| Referee name | | | |
| Title | | | |
| Division | | | |
| Department/Agency/Other | | | |
| Postal address | | | |
| | | | |
| Email | | | |
| Telephone | | Fax | |

How long have you known the applicant, and in what capacity?

What do you believe are the applicant's learning and development needs?

How do you see the program contributing to the applicant's professional progression?

Please comment on the suitability of the applicant for this program.

Signature

Date

Thank you for completing this report. Please return it to the applicant before August 6, 2012 for inclusion with their application form.