

Mid-Level Leadership Development Programme

APPLICATION FORM

Submit the completed electronic application form by 4:00 PM ECT July 17, 2020 to
caricad@caricad.net



Mid-Level Leadership Development Programme

INSTRUCTIONS

Thank you for your interest in the Caribbean Centre for Development Administration's (CARICAD) Mid-Level Leadership Development Programme. Please note that eligible candidates are required to:

- 1) Complete the electronic application form. (An application form completed manually will not be accepted).
 - a. Ensure that the relevant section on the application form is filled out and signed by the Head of the sponsoring organisation or his/her authorised designate, if you are being sponsored by your organisation.
- 2) Submit the completed electronic application form **by 4:00 PM ECT July 17, 2020**, to caricad@caricad.net.

Mid-Level Leadership Development Programme

SECTION A: PERSONAL INFORMATION

PERSONAL INFORMATION	
Prefix: (Mr, Mrs, Miss, Ms, Dr, other-specify)	
First Name:	Last Name:
Date of Birth (D/M/Y):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address:	Mailing Address (if different from Home Address):
Work Phone Number:	Mobile Phone Number:
Preferred Email Address:	
Other Email Address:	
CURRENT EMPLOYMENT INFORMATION	
What type of organisation do you work for? <input type="checkbox"/> Government Ministry/Department <input type="checkbox"/> Regional Organisation <input type="checkbox"/> Other	
Job Title/Position:	
Name of Organisation:	Mailing Address:
Phone:	Email:

Mid-Level Leadership Development Programme

SECTION B: PROGRAMME REFERENCE

1) How did you hear about the CARICAD's Mid-Level Leadership Development Programme?
(Please select all that apply.)

- Colleague
- Website/Internet
- Word of Mouth
- Government Circular
- Other (please specify)

2) Describe briefly the main challenges that you currently face in your current leadership role.
(Your response should NOT be more than 200 words.)

3) How do you expect this programme to assist you in addressing your challenges as outlined above? (Your response should NOT be more than 200 words.)

Mid-Level Leadership Development Programme

SECTION C: PROGRAMME REQUIREMENTS

1) This programme will be conducted over 4 months, via regularly scheduled, mandatory 2-3 hour virtual learning sessions between September 2020 and December 2020. Your full participation is required in order to receive the Certificate of Completion. Do you commit to this?

- Yes
- No
- Unsure

If you selected “No” or “Unsure”, please state why in the textbox below:

SECTION D: PROFESSIONAL EXPERIENCE

Please provide the requested information for the positions that you have held for the last six (6) years - starting with your current position (note: it is six (6) years OR a maximum three (3) positions).

POSITION #1	
Job Title:	
Name of Institution/Organisation:	Mailing Address:
Business Phone Number:	Start Date:
Manager’s Name:	
Manager’s Job Title/Position:	
Manager’s Phone Number:	Manager’s Email Address:
How long have you been reporting to this manager?	
Number of persons reporting to you directly ?	Number of persons reporting to you indirectly ?
Please provide a brief description of what your organisation does, its clients, its size, budget, number of employees etc.:	

Mid-Level Leadership Development Programme

Please list/describe your key duties:		
Please list/describe your main achievements in this role/position:		
POSITION #2		
Job Title:		
Name of Institution/Organisation:	Mailing Address:	
Business Phone Number:	Start Date:	End Date:
Manager's Name:		
Manager's Job Title/Position:		
Manager's Phone Number:	Manager's Email Address:	
How long have you been reporting to this manager?		
Number of persons reporting to you directly ?	Number of persons reporting to you indirectly ?	
Please provide a brief description of what your organisation does, its clients, its size, budget, number of employees etc.:		

Mid-Level Leadership Development Programme

Please list/describe your key duties:		
Please list/describe your main achievements in this role/position:		
POSITION #3		
Job Title:		
Name of Institution/Organisation:	Mailing Address:	
Business Phone Number:	Start Date:	End Date:
Manager's Name:		
Manager's Job Title/Position:		
Manager's Phone Number:	Manager's Email Address:	
How long have you been reporting to this manager?		
Number of persons reporting to you directly ?	Number of persons reporting to you indirectly ?	

Mid-Level Leadership Development Programme

Please provide a brief description of what your organisation does, its clients, its size, budget, number of employees etc.:

Please list/describe your key duties:

Please list/describe your main achievements in this role/position:

Mid-Level Leadership Development Programme

SECTION E: EDUCATIONAL QUALIFICATIONS

Enter details of any professional and/or tertiary qualifications, such as degrees, certificates and diplomas.

Name of Institution:	Address:
Start Date:	End Date:
Qualification:	
Area of Focus:	
Name of Institution:	Address:
Start Date:	End Date:
Qualification:	
Area of Focus:	
Name of Institution:	Address:
Start Date:	End Date:
Qualification:	
Area of Focus:	

Mid-Level Leadership Development Programme

SECTION F: PROFESSIONAL DEVELOPMENT - EXPERIENTIAL LEARNING

Enter details here of other professional development programmes in which you have participated. Please note that the focus here is NOT on academic programmes but rather on knowledge created through the transformation of experience.

Name of Institution:	Address:
Start Date:	End Date:
Area of Focus:	
Name of Institution:	Address:
Start Date:	End Date:
Area of Focus:	
Name of Institution:	Address:
Start Date:	End Date:
Area of Focus:	

Mid-Level Leadership Development Programme

SECTION G: DECLARATIONS

Applicant's Declaration

Applicant's Name:
I declare that the particulars in this application are true to the best of my knowledge and belief. I am aware that failure to provide true and accurate information could result in the disqualification of the application. <input type="checkbox"/> Yes <input type="checkbox"/> No
Date:
Should I be selected to participate in the Mid- Level Leadership Development Programme, I declare that I agree to fully participate in all components of the programme until completion. <input type="checkbox"/> Yes <input type="checkbox"/> No
Date:

Signature of Applicant: _____

In order to complete the application process you are required to:

- 1) Complete the electronic application form. (An application form completed manually will not be accepted).
 - a. Ensure that the relevant section on the application form is filled out and signed by the Head of the sponsoring organisation or his/her authorised designate, if you are being sponsored by your organisation. Pages 10 and 11 of the Form will need to be signed, and scanned, and submitted along with the completed Application form.
- 2) Submit the completed electronic application form and signed pages 10 and 11 by **4:00 PM ECT July 17, 2020**, to caricad@caricad.net.

Mid-Level Leadership Development Programme

DECLARATIONS

If the applicant is being sponsored by their organisation, the Head of the sponsoring organisation or his/her authorised designate is required to complete the section below:

Head of Organisation or Authorised Designate's Name and Job Title:
I declare that I have reviewed the foregoing application and I commit to supporting the applicant in meeting the programme requirements, including financial support to cover the programme fee of USD\$3000.00, in the event that he/she is successful in gaining admission to the programme.
<input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____
State the name and/or organisation to which the invoice should be sent to, and e-mail and mailing address:
Date:

If the applicant is self-funded, please indicate:

- Yes (invoice will be generated in accepted applicant's name)
 No

Thank you for your interest in the CARICAD's Mid-Level Leadership Development Programme.

For additional information or queries, please contact us at caricad@caricad.net