|  |
| --- |
| **Program A (Emerging) Leadership Program application form****ONCE THIS FORM IS COMPLETED, PLEASE EMAIL TO** **GrantC@rural-leaders.org.au****Applications must be received by 5pm, 19th September 2022** |
| **1. Personal Details** |
| **Name:** |
|   |  |
| **Preferred Name:**  |
|   |  |
| **Year of birth:**  |
|   |  |
| **Gender:**  |
| Female Male Transgender Non-Binary Prefer not to say |  |
| Who is your Mob? |
|  |  |
| **2. Publicity** |
| **How did you hear about the Milparanga Leadership Program?** (Shoulder tap, word of mouth, work, community, media etc) |
|  |
| **3. Contact Details** |
| **Mobile Number:** |
|   |  |
| **Email:**  |
|   |  |
| **Residential Address:**  |
|   |  |
| **Postal Address if different to residential:**  |
|   |  |
| **4. Work details** |
| Employed/Unemployed |
|  |
| **Employment details:** (Place of work) |
|   |  |
| Government/Non-Government: |
|  |  |
| **5. Travel, accommodation and program expectations/inclusions** |
| **ARLF will cover the cost of all travel and program expenses and there will be some incidental costs for you to cover. Do you agree to this?** |
|   |  |
| **Accommodation will be provided, this may be twin share or group share accommodation at times, are you okay with this?**  |
|   |  |
| **Where is your nearest departure airport?**  |
|   |  |
| **6. Referees** |
| **Referee 1 Name:**  |
|   |  |
| **Relationship to you:** |
|   |  |
| **Phone:**  |
|   |  |
| **Email:**  |
|   |  |
| **Referee 2 Name:** |
|   |  |
| **Relationship to you:**  |
|   |  |
| **Phone:**  |
|   |  |
| **7. Health** |
| **General Health Assessment: Do you have any medical conditions/disabilities that could have an impact on you taking part in any activities?** (Please note answering this question will not affect you being chosen for the program) |
|   |  |
| **Please provide details:**  |
|   |  |
| Are you double/triple vaccinated for COVID-19 and have documentation for proof? (Please note, if you are not vaccinated or cannot supply proof you will not be eligible for the Milparanga Program) |  |
|  |  |
| **8. Biography** |
| **Can you tell us a little bit about yourself? This information will be provided to ARLF Staff and facilitators (50-250 words).**  |
|   |  |
| **9. Motivation and background** |
| **How did you decide that this Leadership program was right for you?**  |
|   |  |
| **Why would you like to develop personal leadership skills and knowledge?**  |
|   |  |
| **How would you use this experience to make a positive impact on community or workplace?** |
|   | .  |
| **Where do you see yourself in 5 year’s time?** |
|  |
| **Would you like to upload a video to answer some of the questions if you prefer?** |
|  |
|  |
| **10. Agreement and preferences** |
| **Milparanga is a single session program which will be delivered 17th-24th October 2022 (one day either side for travel). In addition to the face-to-face contact, additional learning may take place prior to the session on Zoom. Are you able to commit to this program?** |
|   |  |
| **Do you agree to pay your personal contribution of $200 plus GST? towards program costs and for lifetime membership of the Network of Fellows of the Australian Rural Leadership Foundation?**  |
|   |  |
| **I agree for the Foundation to use the information in this registration form for the purposes of selection for Milparanga, this may include forwarding the information to a third party or potential sponsor.**  |
|   |  |
| **I declare that the information provided in this form is complete and correct.**  |
|   |  |
| A part of this application process will be an interview with ARLF staff to determine if you are successful or not for this program, do you agree to this? |  |
|  |  |