

DYNAMIC LEADERSHIP AGAINST THE ODDS

Application Form

Personal Details

Name

Address

Tel No

Email address

Age Group: Under 20 20-29 30-39 40 and over

Qualifications

Please list your educational qualifications and grades

Professional bodies

If you are a member of any professional bodies please state which body/s and your membership grade/s

Employment

Name and address of current employer

Your job title

Leadership experience

Please state what leadership (supervisory/ management) experience you have

Reason for applying for the course