

Leadership WA - LeadAbility Course | Application Form 2024

Personal Details
Name
Email
Phone
I would like to apply for the LeadAbility Course commencing:
<input type="checkbox"/> April 2024
<input type="checkbox"/> September 2024
Date of birth
Country of birth
Gender:
Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/>
I am of Aboriginal or Torres Strait Islander origin:
<input type="checkbox"/> Yes/No
I have a disability:
<input type="checkbox"/> Yes/No
I am the family member/carer/advocate of a person with disability:
<input type="checkbox"/> Yes/No
Highest Qualification Achieved
Institution Name

Completed (Year)

Other awards, honours, and prizes achieved:

Current Employment Details

I am currently:

- Employed by an organisation
- Self employed
- Unemployed
- Working in a volunteer capacity
- Working in a carer capacity

My employer is in the disability sector:

- Yes

Employer's Name

Employer's Address

Employer's Phone

Current Position

Since (Year)

Please provide a brief overview of your current role (if applicable):

Manager's name:

Manager's email:

Manager's phone:

Community Engagement

My main community interests are:

Personal Statement

Why should you be selected for LeadAbility?

Referee
Referee 1 Name
Referee 1 Position Title
Referee 1 Organisation
Referee 1 Direct Phone
Referee 1 Email
Referee 2 Name
Referee 2 Position Title
Referee 2 Organisation
Referee 2 Direct Phone
Referee 2 Email
How did you hear about the LeadAbility Course?
Declaration
<p>I understand the goals and commitment I am making to participate in the Leadership WA LeadAbility Course and if selected, I will:</p> <ul style="list-style-type: none"> • Devote the required time to participate fully at each experience. • Actively participate in all aspects of the Course including the community project.
<p style="text-align: center;"><input type="checkbox"/> Accept</p>
<p><input type="checkbox"/> If you require an Auslan interpreter for your interview, please tick here.</p>

X

Signature

Name:		Date:	
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