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| Operating FormCanada & Bermuda Territory | **N:\A - Personal\Locker\Personal\Pictures\Graphics\SA\Shield & Crest\SA_GivingHopeToday_red_hor_lrg_rev_black.jpg** |
| **Form:** | Application Leadership Development |
| **Policy:** | Education and Training | OP Number | SR 05.001 |

This is a fillable form - complete by typing your information into the boxes provided. Print a copy for signatures, then scan to PDF and email to *Leadership\_Development@can.salvationarmy.org*

|  |
| --- |
| Applicant Information |
| Applicant Name |  | Current Job Title |  |
| *First Initial Last**(Please Print)* |
| Designation | [ ]  Employee | [ ]  Officer (please check the appropriate box below)Is this course required for Confirmation of Officership? [ ]  Yes [ ]  No |
| Work Phone |  | Work Email |  |
| Unit Type |  [ ]  Ministry Unit [ ]  DHQ [ ]  THQ Department |
| Unit Name |  | Unit Address |  |
| Date of Hire/Start |  | Start Date Current Position |  |
| *dd-mm-yyyy* | *dd-mm-yyyy* |
| **Attachments *[ ]  Letter of Support from your Supervisor [ ]  PEAC Development Plan (Current)*** |

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| --- |
| Academic History |
| Program of Study | Institution Name & Location | Completion Date*dd-mm-yyyy* | Certificate, Diploma, or Degree Received |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Requested Course/Program Information |
| Program Description | [ ]  Exec Coaching [ ]  ARROW [ ]  Other  |
| Course Name |  |
| Institution Name & Location |  | Enrollment Date |  |
| *dd-mm-yyyy* |
| Completion Date |  |
| *dd-mm-yyyy* |
| ***Please Attach Copy of Full Syllabus for Course/Program showing all Courses & Course Descriptions*** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Hours of Study per Week |  | Travel out of home city required? | [ ]  Yes[ ]  No | Mode of Study*(select all that apply)* | [ ]  Attendance[ ]  Correspondence[ ]  On-line |
| Course Description *(250 Words Max)* |  |
| Why do you want to take this course/program? |
|  |
| How will this course/program strengthen your capacity in your current role? |
|  |
| How will this course/program prepare you for future leadership? |
|  |
| How will this course/program improve outcomes for The Salvation Army? |
|  |
| **Attachments*****[ ]  Letter of Support From your Supervisor*** ***[ ]  PEAC Development Plan (Current)*** |
| Total Course/Program Cost |
| Registration | $  | Tuition | $  |
| Text Books | $  | Course Supplies | $  |
| Meals | $  | Accommodation | $  |
| Travel (car, airfare, etc.) | $  | Other | $  |
| TOTAL COSTS | $ |
| Portion Paid by MU/Division/Dept | $ |
| Grant Requested from Leadership Development Department | $  |
| Signatures |
| ApplicantSignature: |  |  |
| *Date: dd-mm-yyyy* |
| SupervisorInformation:*Please Print* |  |  |
| *Name: First Initial Last* | *Job Title* |
| SupervisorDecision: | [ ]  Endorsed [ ]  Not Endorsed |
| SupervisorSignature: |  |  |
| *Date: dd-mm-yyyy* |
| Approval |
| LDD SecretaryDecision: | [ ]  Approved [ ]  Not Approved |
| Explanation |  |
| LDD SecretarySignature: |  |  |
| *Date: dd-mm-yyyy* |

**This form is to be completed and submitted to the Leadership Development Department along with Education & Training Agreement Form as described in OP Education and Training**