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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)*** | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | | | | | |
| Applicant  Signature: | |  | | | | | |  | | |
| *Date: dd-mm-yyyy* | | |
| Supervisor  Information:  *Please Print* | |  | | | | | |  | | |
| *Name: First Initial Last* | | | | | | *Job Title* | | |
| Supervisor  Decision: | | Endorsed  Not Endorsed | | | | | | | | |
| Supervisor  Signature: | |  | | | | | |  | | |
| *Date: dd-mm-yyyy* | | |
| Approval | | | | | | | | | | |
| LDD Secretary  Decision: | | Approved  Not Approved | | | | | | | | |
| Explanation | |  | | | | | | | | |
| LDD Secretary  Signature: | |  | | | | | |  | | |
| *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**