



AFRICAN LEADERSHIP PROGRAMME

Application for Admission: 2009
(Entry deadline: 30 September 2009)



PLEASE NOTE THIS FRONT PAGE WILL BE DISTRIBUTED TO ALL DELEGATES

1. _____
Title

2. _____
First name Surname

3. _____
Preferred name

4. Male Female

5. _____
Email address

6. _____
Organisation

7. _____
What position do you hold in the organisation?

8. Describe the main activities of your organisation

9. Describe your current responsibilities

10. Please provide family or other personal information that you wish to share with the rest of the class (include recreational hobbies and interests)

NB
Please attach a recent passport-size photo

This information will not be distributed. It is required by the Admissions Committee and will be treated as confidential.

11. _____
 Work postal address

12. _____
 Work physical address

13. _____
 Work tel. no. Work fax no.

14. _____
 Cell no.

15. Please mark your age category

20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50+
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16.

ID number (if applicable):	Passport number:
Date of birth:	Citizenship:
Country of origin:	Passport issuing country:
Country of birth:	Expiry date of passport:

(Validity must extend 6 months beyond return travel date, and passport must contain 5 blank pages)

17. In which sector does your organisation operate?

Financial Insurance Manufacturing
 Mining Retailing Government
 Other (please indicate) _____

18. Your main area of responsibility

Human Resource Marketing Sales
 Finance/Administration Information systems Industrial relations
 General Management Production Strategy
 Other (please indicate) _____

19. How many people report to you? _____

20. Please list work experience commencing with your most recent full-time position (exclude present position)

<i>Dates</i>	<i>Organisation</i>	<i>Title or Position</i>

21. Formal education

<i>Institution</i>	<i>Qualification</i>	<i>Field/Discipline</i>	<i>Year Completed</i>

22. Other management programmes you have attended (beyond formal education)

23. Please specify degree of knowledge of the following disciplines by ticking *Little (L)* or *Competent (C)* or *Advanced (A)*

Accounting	<input type="checkbox"/> L	<input type="checkbox"/> C	<input type="checkbox"/> A	Information Technology	<input type="checkbox"/> L	<input type="checkbox"/> C	<input type="checkbox"/> A
Marketing / Sales	<input type="checkbox"/> L	<input type="checkbox"/> C	<input type="checkbox"/> A	Strategy	<input type="checkbox"/> L	<input type="checkbox"/> C	<input type="checkbox"/> A
Finance / Financial Analysis	<input type="checkbox"/> L	<input type="checkbox"/> C	<input type="checkbox"/> A	Economics	<input type="checkbox"/> L	<input type="checkbox"/> C	<input type="checkbox"/> A
Operations Management	<input type="checkbox"/> L	<input type="checkbox"/> C	<input type="checkbox"/> A	Social Policy	<input type="checkbox"/> L	<input type="checkbox"/> C	<input type="checkbox"/> A
HR Management	<input type="checkbox"/> L	<input type="checkbox"/> C	<input type="checkbox"/> A	Entrepreneurship	<input type="checkbox"/> L	<input type="checkbox"/> C	<input type="checkbox"/> A
Change Management	<input type="checkbox"/> L	<input type="checkbox"/> C	<input type="checkbox"/> A	Project Management	<input type="checkbox"/> L	<input type="checkbox"/> C	<input type="checkbox"/> A

24. Please provide a brief synopsis of your expectations from this programme

25. Please provide the following details of your organisation mentor: (the organisation mentors are involved in the conceptualization, development and support for the implementation of the action learning project and are required to assist with grading the project.)

Title:	_____	Name:	_____
Address:	_____	Position:	_____
	_____	E-mail:	_____
Telephone:	_____	Fax:	_____

26. Dietary requirements

None Vegetarian Strict Kosher Halaal

Other (please indicate) _____

27. Will you be attending the optional 5 day overseas study school from 15 – 20 November?

Yes No

CANCELLATION POLICY:

Notification of cancellation must be sent in writing either via e-mail or via fax. Delegates who cancel their registration after 30 September 2009 will be liable for 50% of the programme fee. Those who do not arrive for the programme or cancel attendance once the programme has commenced will be liable for the full fee. Delegates who cancel before 30 September 2009 will be liable for a R500 administrative fee. All who postpone attendance must return the course material intact.

PAYMENT:

Payment must be received **AT LEAST 30 DAYS BEFORE** the programme commences (i.e. by the 1st October 2009). Admission to the programme will be subject to payment received.

DECLARATION:

I declare that the information provided in this application is correct. I have read the information relating to the programme and confirm that I am free from all duties whilst participating in the programme and will not be absent except in the case of an emergency. I also confirm that I have read the ***Cancellation Policy*** above and accept the terms and conditions thereof.

Date

Signature of delegate

STATEMENT OF SUPPORT

To be completed by the delegate's principal superior or sponsor supporting this application:

Title:	_____	Name:	_____
Address:	_____	Position:	_____
	_____	E-mail:	_____
Telephone:	_____	Fax:	_____

I support this candidate's application for the NEPAD Business Foundation African Leadership Programme. I agree that he/she will be released from all duties while participating on the programme and will not be called away except in the case of unforeseen and unavoidable emergency. This programme will include approximately 2 weeks (3 weeks with the overseas study school) away from the organisation.

1 - 13 November: Local study school

I agree that our organisation will pay the core programme fee of R65 000

Yes No

15 - 20 November: Optional overseas study school

I agree that our organisation will pay the optional overseas study school programme fee of R30 000

Yes No

Date

Signature of sponsor

Please return this application to:

Deborah Fisher
Senior Programme Manager: Executive Education
Gordon Institute of Business Science
Tel: +27 11 771 4150
Fax: +27 86 638 2738
Email: fisherd@gibs.co.za
Website: www.gibs.co.za/ee/alp
www.nepadbusinessfoundation.org