

APPLICATION FORM



NEPAD BUSINESS FOUNDATION AFRICAN LEADERSHIP PROGRAMME



Please note this front page will be distributed to all class members



First name _____

Surname _____

Preferred name for name badge _____

Job title _____

Organisation _____

Email _____

NB
Please attach
a recent
passport-size
photograph

Please describe the main activities of your company or organisation:

Please outline your main job responsibilities:

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



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

1. Personal Information

Work postal address	Date of birth
_____	_____
	Passport no.

	Country of origin

Work telephone no.	Citizenship
_____	_____
Cell no.	Expiry date of passport
_____	_____

(validity must extend 6 months beyond travel date)

2. In which sector does your organisation operate?

Financial	<input type="checkbox"/>	Insurance	<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>
Mining	<input type="checkbox"/>	Retailing	<input type="checkbox"/>	Government	<input type="checkbox"/>
Other (please indicate) _____					

3. Your main area of responsibility

Human Resource	<input type="checkbox"/>	Marketing	<input type="checkbox"/>	Sales	<input type="checkbox"/>
Finance/Administration	<input type="checkbox"/>	Information systems	<input type="checkbox"/>	Industrial relations	<input type="checkbox"/>
General management	<input type="checkbox"/>	Production	<input type="checkbox"/>	Strategy	<input type="checkbox"/>
Other (please indicate) _____					

4.a Please provide an organisational chart which shows your position in the organisation

(If necessary please attach as a separate sheet)

4b How many people do you manage? _____



5. Please list your work experience since you left school (excluding present position).

Dates	Organisation	Title or position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Please indicate your relative degree of knowledge of the following by ticking

Little (L) or Moderate (M) or Extensive (E)

Leadership	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> E	Development Economics	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> E	Social Policy	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> E
Accounting and Finance	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> E	Strategic Management	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> E	Human Capital Development	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> E
Marketing Management	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> E	Operations Management	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> E	Project Management	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> E
Information Technology	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> E	Entrepreneurship	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> E	Change Management	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> E

7. Please give your formal academic qualifications starting with your matriculation or other equivalent qualification

Institution	Qualification	Year completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Applicant

Date

Please note that if your application is successful in the first round you will be required to submit additional information as part of the screening process.

STATEMENT OF SUPPORT

To be filled in by the candidate's principal superior supporting this application

Name _____ Title _____

Address _____

Telephone _____ Fax _____

Email _____

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 would include approximately six weeks away from the organisation.

I agree that our organisation will pay the programme fee of R120 000 plus travel to and from Johannesburg and accommodation in Johannesburg.

Signature _____ Date _____

Please return this application to

Wendy Carter
Programme Manager
Wits Business School
PO Box 98, Wits 2050,
Gauteng, South Africa
Tel: (011) 717-3569
Fax: (011) 717-3549
Email: carter.w@wbs.ac.za
Website: www.wbs.ac.za
www.nepadbusinessfoundation.org

