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| **Experiential Leadership Academy** **Deciding Level Application Form**  |
| Name |  |
| Email |  |
| Department/ Site |  |
| Role |  |
| Line manager’s name |  |
| Summary of current roles/ responsibilities |  |
| Previous roles/ experience |  |
| Any relevant Qualifications for placement? |  |
| Any other relevant information (i.e. published work) |  |
| Areas of interest for Deciding Level opportunity  |  |
| Clear aims/ objectives for opportunity |  |
| Career aspirations/ special interests  |  |
| Any Stay and Grow conversations? |  |
| Time frame agreed with line manager  |  |
| Do you have any reasonable adjustment requirements? |  |
| **Please attach criteria check list and line manager’s supporting statement to this application** |
| Date |  |
| Applicant’s signature |  |