

# Diversity and Inclusion Professional Leadership Programme Application Form

## Introduction

We are delighted you are applying to attend the D&I Professional Leadership Programme. Your application information will provide our Programme Directors with essential information that will assist in getting to know you and other members of the cohort from the outset as well as ensuring our programme learning outcomes are delivered most effectively.

We therefore kindly ask you to fill in all the required sections together, if applicable, with the sponsoring statement so that we can process your application.

The next step of the application process will be to find a mutually convenient time for a telephone interview with one of the Directors of the programme.

The completed application form should be sent via email for the attention of Liz Pawson-Poon at [liz@charlottesweeney.com](mailto:liz@charlottesweeney.com)

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## Who is funding your place on the programme (please tick):

Myself/Individual

My employer

## Personal Information

Title:	First name (s):	Family name:	
Preferred name (if different from above):			
Role title:			
Address 1:			
Address 2:			
City:	Post/Zip code:	Country	
Home telephone number (inc. country code):			
Mobile number (inc. country code):			
Email address:			
English language proficiency:	Native	Fluent	Other

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## Company Information

Company name:		
Address 1:		
Address 2:		
City:	Post/Zip code:	Country
Telephone number (inc. country code):		
Website:	Industry sector:	
Total number of employees:	Annual sales (£):	

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## Your Current Role

Overview of your responsibilities:
Number of direct reports (if any):
Number of years of relevant management experience (if any):

## Your Objectives

Please provide short information on your objectives for undertaking this D&I Professional Leadership Programme:

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## D&I Experience

Please provide details of your D&I experience, if any?

Please provide details of your previous training or qualifications?

Is there any other information you would like to include in your application?

## Education

Highest qualification attained:

Subject:

Institution or accrediting body:

Year you gained the qualification:

Please provide the details for any relevant professional programmes you have attended:

Programme title:

Year you attended:

Institution and location:

Programme title:

Year you attended:

Institution and location:

Programme title:

Year you attended:

Institution and location:

Programme title:

Year you attended:

Institution and location:

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## Accessibility

We want to highlight our commitment to ensuring that this Programme and the training content are accessible and available to all delegates. To that end, please kindly confirm and briefly detail if you have any accessibility requirements (whether physical or learning requirements) in order for us to tailor appropriate resources accordingly.

## CPD

Are you a member of a professional body and will you use any CPD points gained through this Programme towards your CPD requirements?

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## Payment Information

If your application is successful, to whom should the invoice be sent?

Title:	First name (s):	Family name:
Job title:		
Email address:		
Is the address the same as the company address previously provided?	Yes	No

If the invoicing contact is at a different address, please complete the below:

Address 1:		
Address 2:		
City:	Post/Zip code:	Country

# Terms and Conditions

## Cancellation policy

Payment is due within 21 days of the invoice date. There is a 10% cancellation charge for cancellations received more than six weeks before the start of the programme. The penalties for cancellations after this time are:

4-6 weeks = **25%** of the programme fee

2-4 weeks = **50%** of the programme fee

Less than 2 weeks = **100%** of the programme fee

If a candidate does not attend, the full fee will be retained.

**I have read the cancellation policy and agree to the terms stated.** (Please initial here):

## Data Protection

The data from this form will be used to assess your suitability to attend one of our open programmes. It will also be used for our own purposes and it will not be shared with external third parties for marketing purposes.

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**Please sign below to confirm that the information provided is true and accurate**

Signature of applicant:

Date:

# The D&I Professional Leadership Programme

## Sponsoring Statement

If currently working within an organisation we require a sponsoring statement from a senior leader within your organisation to sponsor your application.

This part of the application form needs to be completed by your Sponsoring Executive.

Full name of applicant:

I certify that all the information and accompanying material provided in connection with this application are authentic and accurate.

Signature of sponsoring executive:

Date:

The following questions relate to you as the Sponsoring Executive:

Title: First name (s): Family name:

Job title:

Company name (if different from the applicant):

Email address:

Telephone number:

Please describe the responsibilities of the applicant within the organisation, including reporting relationships:

Please state your corporate objectives in nominating this person to attend the D&I Professional Leadership Programme: