

# Management Learning Associates Ltd

## Application Form - public programmes

Programme Name:	Programme Date:
Your full name.....	Preferred name.....
Organisation.....	Work Address..... .....
Your job title.....	
Work tel.....	Mobile.....
e-mail address.....	Home tel.....

### Confidentiality.

All application details are confidential under the provisions of the Privacy Act. Your name and contact details on our mailing list to mail you further information on management development opportunities unless you indicate otherwise by ticking this box:

### Cancellation and Transfer Policy

I understand that should I be unable to attend this programme, I may nominate an appropriate replacement, or cancel my application. Cancellation charges are: between 19 and 10 working days before programme commencement – 75%; within 7 working days of commencement – 100%.

**To secure your booking** on the above programme, please complete this form (2 pages) and fax it to us as below:

Management Learning Associates Ltd by **fax to 07 863 9145**

You will be invoiced for your nominated programme upon return of this application form, for payment prior to the programme commencement date please.

**Your signature..... Date.....**

**For further information call 07 863 9345 / 027 441 6016**

**Background work / career information**

Participant name: \_\_\_\_\_

Job title \_\_\_\_\_ Time in current role \_\_\_\_\_

Name of the person you report to \_\_\_\_\_ Their role \_\_\_\_\_

Briefly outline your responsibilities \_\_\_\_\_

Number of people who report to you, and briefly describe their roles \_\_\_\_\_

Work experience relevant to the programme you are applying for \_\_\_\_\_

Education background / qualifications / professional development courses attended / memberships

Please outline the expected benefits from the programme:

For you \_\_\_\_\_

For your organisation \_\_\_\_\_

Who nominated you for this programme? Name \_\_\_\_\_

Their role \_\_\_\_\_ Their contact telephone number \_\_\_\_\_

Please advise of any particular dietary or medical needs \_\_\_\_\_

**Thank you, we look forward to meeting you during the programme.**