**ILM Application Form**

Please read through the application form carefully and **supply all information requested**. Any incorrect or incomplete applications will be returned and may delay your inclusion on an available cohort.

The information you provide will help the centre identify your suitability for the programme in terms of your experience, responsibilities and/or aspirational goals.

There is a section in the document that **must be completed by your line manager or sponsor** and you must ensure you have gained agreement from the person responsible for budget control of your department.

# Programmes

Please highlight the programme you wish to apply for from the following list:

|  |  |
| --- | --- |
| **Programme** | **Fee** |
| **L2** Certificate in Leadership and Team Skills | £154 (including ILM registration and materials\*) |
| **L3** Certificate in Leadership and Management\*\* | £231 (including ILM registration and materials\*) |

\* Fees valid when published see section 2.2.

\*\*Please note that in order to undertake a L3 programme you need to be in a substantive managerial role within the University

# IT proficiency

All of our ILM programmes require you to write and submit assignments electronically. It is desirable that you have a good level of IT proficiency in using Microsoft Word and Canvas.

Alternative assessment methods are available and you will need to discuss this with your tutor before you begin your programme.

## Delegate information

### Your details

|  |  |
| --- | --- |
| **Full name** |  |
| **Alternative name**  (as you wish it to appear on your certificate if different from above) |  |
| **Staff ID** |  |
| **Department** |  |
| **College or corporate service area** |  |
| **Current job title** |  |
| **Grade/band** |  |
| **Date of birth** |  |
| **Contact number**\* |  |
| **Email address**\* |  |
| **Home Address**  (only applicable if you would like assessed work to be returned to your home address) |  |

\* Contact details must be those used on a regular basis as they will be used by the centre and your tutor to provide updates on the programmes.

### Your supervisory or management experience

In this section you are asked to provide information that relates to your experience and knowledge of leading and managing teams. This can be in your current role or any previous roles you have held.

If you are attending on the programme to develop your skills and knowledge in preparation for your next role please pay particular attention to section 4.

* + 1. **Please give a brief description of your current role and responsibilities**

|  |
| --- |
|  |

* + 1. **Where applicable please outline below any previous leadership or management programmes you have been attended**

|  |  |  |  |
| --- | --- | --- | --- |
| **Programme Title** | **Subjects Covered** | **Programme Dates** | **Accredited?**  **(Y/N)** |
|  |  |  |  |

* + 1. **Please outline your management or supervisory experience gained during your career so far.**

|  |
| --- |
|  |

* + 1. **What learning objectives do you hope to achieve by attending this programme** (in particular which leadership capabilities are you planning to develop and why)**?**

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| --- |
|  |

### Declaration

Following on from your induction session prior to the start of the programme, you will have the option to withdraw.

After your attendance on the first full day workshop you will be registered as a student with ILM.

If during the programme, you feel that for any reason you cannot continue with your studies, you **must talk to your programme tutor and your line manager**.

The registration fees are non-refundable in the event of you leaving the programme, not completing the programme or missing modules.

Please ensure that your line manager, supervisor or person to whom you are responsible completes the next section supporting your application.

Please also ensure that you fully complete the equal opportunities information sheet at the end of the form. It is essential you give all information required as these details go on the ILM registration form.

By signing this document, you consent to your details being held by People and Organisational Development, ILM and City and Guilds for the purposes of your qualification.

|  |  |
| --- | --- |
| **Applicant signature** |  |
| **Date** |  |

## Line manager/sponsor information

### Their details

This section must be completed by the line manager/sponsor of the applicant.

**Please note, without a New Core budget code, your application will not be accepted**

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Contact number** |  |
| **Email address** |  |
| **Budget code\*** |  |

*\*please include segments 3, 4 & 5 of your* ***New Core Budget Code***

### Fees

The fee for the programme is provided on the cover page of this document and is inclusive of ILM registration, all course materials and an administration fee.

Depending on when the cohort commences there may be a small difference in costs due to price increases from ILM and/or suppliers. You will be notified if there is a change when the participant is confirmed on a cohort.

This fee will be taken from your departments’ account on receipt of invoice in POD from ILM.

Delegates are registered after their attendance on the first full day workshop and POD is invoiced approximately 4-6 weeks later.

The fee is non-refundable if the delegate withdraws from the programme following their registration.

### Line manager/sponsor support

* + 1. **How have the applicant's development needs been identified?**

|  |
| --- |
|  |

* + 1. **What actions will you take to encourage the applicants’ transfer of learning into the workplace?**

|  |
| --- |
|  |

* + 1. **What mechanisms will you put in place to support the applicant throughout the programme?**

|  |
| --- |
|  |

* + 1. **How will you evaluate the success of the applicant's participation in this programme?**

|  |
| --- |
|  |

By signing this document, you consent to your details being held by People and Organisational Development, ILM and City and Guilds for the purposes of your staff member’s qualification.

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** |  |

## Equal opportunities monitoring form

## Applicant’s details required for ILM registration form (please tick)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Gender** | Male |  | Female |  |
|  |  |  |  |  |
| **Age range** | Under 21 |  | 21-29 |  |
|  | 30-39 |  | 40-49 |  |
|  | Over 50 |  |  |  |
|  |  |  |  |  |
| **Do you define yourself as disabled?** | Yes |  | No |  |
|  |  |  |  |  |
| **Do you consider yourself to have any particular** |  |  |  |  |
| **requirements that may need additional support?** | Yes |  | No |  |
|  | | | | |
| (Applicants who indicate support requirements will be invited to discuss these in confidence with the tutor) | | | | |

**The ethnic origin questions asked below are not about nationality, place of birth or citizenship and are about colour and broad ethnic group. UK citizens can belong to any of the groups indicated below.**

Please tick the box that best describes your ethnicity:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. White |  | 2. Black – Caribbean |  |
|  |  |  |  |
| 3. Black – African |  | 4. Black – other |  |
|  |  |  |  |
| 5. Indian |  | 6. Pakistani |  |
|  |  |  |  |
| 7. Bangladeshi |  | 8. Chinese |  |
|  |  |  |  |
| 9. Other |  |  |  |