**Application Submission Instructions:**

Completed applications (inclusive of Sections A-D below) are to be emailed to Christine Costa, Organizational Development and Design Consultant, Human Resources Services, [costac5@mcmaster.ca](mailto:costac5@mcmaster.ca).

Visit our webpage for more information about the [Strategic Leaders Program](https://hr.mcmaster.ca/employees/development/strategic-leaders/) and related resources.

**­­­­­­­­­­­­­­­­­­­­­­­­­­**The following criteria will be considered in the selection process:

* The alignment and specificity of one’s stated learning and career goals with program outcomes, as stated in one’s application.
* The length of time in one’s role; and
* One’s current leadership role; priority is granted to individual currently working in a strategic leader capacity. Individuals seeking development and promotion into a strategic leader role will be considered as space is available.

Representation from across the University (inclusive of all University faculties and departments) will also be considered to enhance networking opportunities and to include diverse perspectives across academia and administration.

**SECTION A: Applicant Information**

First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department/Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number (extension): \_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION B: Applicant Statement of Intent**

Please complete the following questions to assist us with the selection process. The information you provide is confidential and will only be viewed by the program coordinators.

1. Do you currently manage/supervise people? Yes No
2. Have you previously completed a McMaster Leadership Program (e.g., [Personal Leaders](https://hr.mcmaster.ca/employees/development/personal-leaders/) or [Knowledge Leaders](https://hr.mcmaster.ca/employees/development/knowledge-leaders/))? Yes No
3. How many years have you been in your current role? \_\_\_\_\_\_\_\_\_
4. Describe your impact and influence as a Strategic Leader in your current role? (view the [Strategic Leader description](https://hr.mcmaster.ca/resources/mcmaster-leadership-levels/) for reference and examples) (use the space below to answer the question or attach a separate page if more room is needed)
5. Describe how participation in this program will support your development goals? (use the space below to answer the question or attach a separate page if more room is needed)

**SECTION C: Applicant Statement of Commitment**

If selected to participate in the Program, I understand that I will make my participation in all aspects of this program including pre-session assignments, session attendance and related activities a priority.

I understand that if I miss more than a half-day of the program, I will be ineligible to receive a Certificate of Completion, and if I miss more than one full-day, my department may be assessed an administrative fee. I understand that if I withdraw less than seven calendar days from the start of the program, my department will be assessed an administrative fee unless the space can be filled by another participant.

I have discussed my participation in this program with my direct supervisor and/or manager to ensure that the expectations of this program are understood, and that my efforts will be supported.

I certify that all information provided in my online application and on this form is true and accurate.

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Applicant’s Name Date

**NOTE**: adding your name (i.e., the applicant) and the date above and emailing this application serves as a proxy for a written signature for purposes of this application.

**SECTION D: Applicant’s Direct Supervisor Information and Statement of Support**

Supervisor First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number (extension): \_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_

If selected to participate in the [Strategic Leaders Program](https://hr.mcmaster.ca/employees/development/strategic-leaders/), the applicant will be expected to fully participate in all aspects of this program including: pre-session assignments, attendance, learning transfer plans, classroom participation, etc. As the applicant’s supervisor, please ensure you have reviewed the [program website](https://hr.mcmaster.ca/employees/development/strategic-leaders/) and understand participant expectations.

In order to support the applicant’s success in the program, I agree to the following:

* Enable the applicant to fully participate by not introducing meetings, deadlines, or other job activities that present conflicts with the program sessions.
* Provide guidance and advice to the applicant as needed to support program activities.
* Provide opportunities for discussion and debriefing related to the program content and consult on learning transfer plans.
* Provide the applicant with immediate opportunities to apply his/her new skills

All costs associated with the program delivery, with the exception of parking, are funded by McMaster University. While the program costs are covered, the department must allow the applicant release time to participate in scheduled sessions (and this time away from the role does not need to be made up).

I understand that the applicant may be ineligible to complete this program if he/she misses more than a half-day session of the program, and my department may be assessed an administrative fee (catering/material expense) if more than one day is missed. I also understand that if the applicant withdraws less than seven calendar days from the program start date my department will be assessed an administrative fee unless the space can be filled by another participant.

The applicant and I have discussed his/her participation in this program and learning goals, and I believe this opportunity will be beneficial to the applicant’s professional development. I support and will help ensure this applicant’s full participation in this program.

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Supervisor’s Signature Date

**NOTE**: adding your name (i.e., the supervisor) and the date above and emailing this application serves as a proxy for a written signature for purposes of this application.