

Management Advancement Programme Application Form



Please complete and return to:

MAP Programme Manager: Khosi Nkosi

Telephone: (011) 717 3628 Fax2email: 086 566 2886

E-mail: Khosi.Nkosi@wits.ac.za

Wits Business School, 2 St David's Place, Parktown, 2193

PO Box 98, Wits, 2050, South Africa

www.wbs.ac.za

PERSONAL INFORMATION											
Have you ever applied to and/or been registered at this University before?				YES		NO		If yes, please give your student number			
SURNAME											
FIRST NAME (S)											
PREFERRED NAME											
TITLE (e.g. Mr, Ms)			SEX		M	F	DATE OF BIRTH		19	/	/
POPULATION GROUP		W	B	C	I	O	(This is required for government reporting purposes)				
ARE YOU A SOUTH AFRICAN CITIZEN?			Y	N	SOUTH AFRICAN ID.						
PASSPORT NO. (if no id number)							HOME LANGUAGE				
POSTAL ADDRESS											
								POSTAL CODE			
TEL (H)		FAX			CELL						
EMAIL ADDRESS											
NAME OF COMPANY											
POSITION IN COMPANY						DATE APPOINTED					
BUSINESS ADDRESS											
								POSTAL CODE			
TEL (W)		FAX			CELL						
COMPANY REG NO.				COMPANY VAT NO.							
COURSE REGISTRATION		M	A	P			(Please enter the number intake)				

<u>NEXT OF KIN</u>					
RELATIONSHIP		TITLE (<i>Mr, Mrs, Ms etc</i>)		INITIALS	
SURNAME		NAME			
TEL (H)		FAX		CELL	
PREFERRED ADDRESS					
AREAR / CITY		POSTAL CODE			
NEXT OF KIN - TYPE OF BUSINESS					

<u>STANDARD OF EDUCATION</u>		
<i>Please tick the appropriate box and complete details required</i>		
SENIOR CERTIFICATE	<input type="checkbox"/>	DETAILS:
UNIVERSITY DEGREE	<input type="checkbox"/>	DETAILS:
OTHER QUALIFICATIONS	<input type="checkbox"/>	DETAILS:

<i>GIVE A SHORT DESCRIPTION OF YOUR CURRENT RESPONSIBILITIES</i>

INDEMNITY AND UNDERTAKING TO BE COMPLETED BY ALL APPLICANTS

I the applicant,

1. Acknowledge that the University does not accept responsibility for damage or loss in respect of property of the applicant or in respect of property brought to the University premises by the applicant.
2. Do hereby indemnify the University in respect of any damages caused by the applicant to University property or to the property of third parties, whether on or off the University premises, as a result of the applicant's actions either whilst on the University premises or whilst engaged in any activity related to the University.
3. Undertake, during the period during which I am a registered student, to be bound by the rules and regulations of the University for the time being in force, including the rules and regulations of any University residence, club or society to which I may be admitted or become a member and by any requirements or conditions imposed by the University on me as a prerequisite to my registration as a student of the University in any faculty.
4. Certify that the information provided in this form and all supporting documentation is accurate and complete and acknowledge that any false information may result in disciplinary proceedings being taken against the applicant.
5. Undertake to pay unconditionally all fees, charges and equipment surcharge payable to the University as they fall due for payment, for any period for which I am registered student of the University.

PLEASE SIGN THE COMPULSORY ACKNOWLEDGEMENT OF INDEMNITY

SIGNATURE OF APPLICANT		DATE	
-------------------------------	--	-------------	--

SUMMARY OF CURRICULUM VITAE AND CAREER OBJECTIVES

Please include brief details of your employment record, and honours you have received, and your outside interests. Conclude with your career objectives for the foreseeable future:

Management Advancement Programme Application Form



FOR USE BY APPLICANT'S EMPLOYER			
NAME OF COMPANY			
INDUSTRY CLASSIFICATION (FINANCE, RETAIL, ETC)			
PHYSICAL ADDRESS			
POSTAL ADDRESS			
		POSTAL CODE	
BUSINESS TELEPHONE NUMBER		EXTENSION	X
FACSIMILE NUMBER			
WILL THE COMPANY BE SPONSORING THE STUDENT?	YES		NO
YOUR NAME			
POSITION IN COMPANY			
SIGNATURE OF EMPLOYER		DATE	

Kindly note:

1. An applicant will only receive an invoice after receiving notification of acceptance.
2. The applicant has 30 days to make payment upon receipt of an invoice.
3. Proof of payment has to be faxed or emailed to the programme manager and finance department.
4. Access to the campus and other facilities will only be granted to an applicant who has been accepted and has paid their fees in full.
5. The dates, times and programme are subject to alteration at the discretion of the programme convenor.

SELF-ASSESSMENT FORM

(to be completed by applicant)

MANAGEMENT EXPERIENCE AND SKILLS PORTFOLIO

The following are examples of six areas of managerial competency and accompanying descriptions. (Adapted from work done by the WBS Leadership Development Centre). Provide one practical example for each of the six, from your own work life, which would best exemplify your work experience:

1. TEAM LEADERSHIP

- Demonstrates a clear understanding of the team's task and its significance within the broader context.
- Influences others to adopt positions or processes which facilitate the group's functioning, motivates others to reach group objectives, encourages group commitment to common goals.

2. PROBLEM SOLVING

- Defines and analyses the problem accurately, identifies possible causes and distinguishes cause and effect. Recognise consequences of decisions.
- Comes up with creative solutions to problems.

3. RELATIONSHIPS AND TEAMWORK

- Establishes effective relationships, characterised by mutual understanding, respect, trust and openness.
- Understands different cultures and accepts behaviour which differs from own.

4. IMPACT AND COMMUNICATION

- Creates an impact on others, which influences or persuades them.
- Communicates effectively orally and in writing.

5. DEVELOPING SUBORDINATES

- Facilitates on the job learning of subordinates, believes in the ability of other and helps them extend their talents.
- Identifies and selects competent people and ensures that people are managed in a manner that ensures they are retained.

6. SELF MANAGEMENT AND LEARNING

- Strives for the optimum performance in one's own direct field of work, including taking initiative, setting appropriate and attainable works priorities.
- Manages own career to meet personal and company objectives.

ANSWER THE FOLLOWING ADDITIONAL QUESTIONS:

- a) What do you envisage yourself bringing to the MAP class in terms of your own work experience, expertise and personal contribution?

- b) In what ways do you expect your colleagues to enrich the learning experience on the MAP?

SELF-EVALUATION

In terms of readiness for MAP and specific pre-requirements i.e. prior learning)

- **What are your own expectations of the MAP course?**

- **What do you perceive to be the advantages of obtaining this qualification?**

- **What is your intended strategy i.e. what actions do you intend to take in order to succeed in this course?**

- **The MAP course promotes the principles of self-directed learning. Describe your understanding of this method of learning?**

- **Identify your learning preferences, (how you learn best) and your general patterns of learning.**

- **If you were not succeeding in achieving your goals on this course, how would you rectify the situation?**

- How will you judge your success in this course?

- How do you intend to balance your commitment to the course as well as work and / or other commitments?

- What is your organisation's educational assistance / study policy and describe how this will benefit you?

- Having successfully completed the MAP course, illustrate how you see yourself in your career, in a year's time.

PRACTICAL ASSESSMENT

- Describe how you would calculate (I) a ratio and (II) a percentage and give one use for each of these.

- Describe an incident from your own life where you used your communication skills to resolve a difficult situation - what happened in the end and why so?

MANAGER / SUPERVISOR / MENTOR REVIEW

This form is to be completed by your immediate manager or supervisor or designated mentor and attached to the completed application

Name of Manager/Mentor/Supervisor	
Name of Organisation	
Postal Address	
Business Telephone Number	

- What type of financial support, if any, will the organisation be able to offer the applicant?

- What additional support in the workplace, if any, will the organisation be able to provide the applicant?

- The career goals of the applicant, as a manager, within the next year are:

- In what ways do you think that completing the MAP course will help increase the applicant's managerial effectiveness?

- What do you believe the skills are that the applicant needs to acquire in order to be successful on this course?

- What do you believe your role to be in motivating this individual to achieve success on the MAP course?

- What results or accomplishments does the individual have that would demonstrate his/her strengths as a manager?

- Rate the individual's competencies (on a score of 1 - 5 where 1 = poor and 5 = very competent) in these areas. (Please see description in the competency profile on pages 1 and 2 of the Self Assessment Form).

Team Leadership	Problem Solving	Relationships and Teamwork	Oral Communication Skills
Written Communication Skills	Self Management	Developing Others	Numeracy

Signature:

Date:
