

***African Leadership Programme***  
***12 April – November 2010***



**Application Form**

*Please note this front page will be distributed to all class members*

**Title: Mr/Mrs/Ms**

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**Full Name:**

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**Preferred name for  
name badge:**

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**Job Title:**

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**Company:**

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**Company VAT No:**

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**Postal Address:  
(Business)**

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**Postal Code:**

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**Telephone:**

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**Fax:**

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**Email:**

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**Please describe your company or organization in terms of product lines or services**

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**Please outline your key responsibilities**

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**Family or other personal information that you wish to share with the rest of the class:**  
(include recreational interests and hobbies)

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*NB*

*Please attach a  
recent passport-  
size photograph*

*This information will not be distributed to the class. It is required by the Screening Committee and will be treated as confidential.*

**1. PERSONAL INFORMATION**

Home Postal Address:	Date of Birth: <i>Y Y Y Y M M D D</i>
	South Africa ID No:
	Passport No:
Home Telephone ( )	Country of Origin:
Fax No: ( )	Citizenship:
Cell No:	Expiry Date of Passport:

*(validity must extend beyond February 2010)*

**2. Which area best describes the nature of your job:**

Please tick:

H.R.	<input type="checkbox"/>	Marketing	<input type="checkbox"/>	Sales	<input type="checkbox"/>
Finance/Admin	<input type="checkbox"/>	Information systems	<input type="checkbox"/>	Industrial relations	<input type="checkbox"/>
General management	<input type="checkbox"/>	Production	<input type="checkbox"/>	Strategy	<input type="checkbox"/>
Other (please indicate)	_____			<input type="checkbox"/>	<input type="checkbox"/>

**3a. Please indicate your reporting relationships by providing an organisation chart**

**3b. Please give the number of people that you manage**

**4. Please list your experience over the past ten years (including present position)**

Dates	Organisation	Title or position

**6. Please indicate your relative degree of knowledge of the following by ticking**  
*Little or Moderate or Extensive*

Accounting and Control	L M E	Finance/ Financial Analysis	L M E	International Business	L M E
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Marketing	L M E	Production or Operations	L M E	Business Strategy	L M E
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Human Resources	L M E	Information Systems	L M E	HIV/AIDS	L M E
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**7. Past participants have learned a considerable amount from each other. In what areas do you feel you would make your primary contribution to your fellow participants?**

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**8. Tertiary or professional education (please list)**

Institution	Qualification	Year completed

**Signature of Applicant:** .....

**Date:** .....

**SUPPORT STATEMENT**

**To be completed by the candidate’s principal superior supporting this application:**

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Email \_\_\_\_\_

I support this candidate’s application for the ALP. I agree that he/she will be released from all duties while participating on the ALP from 12 April to November 2010, and will not be called away except in the case of unforeseen and unavoidable emergency. I accept the cancellation policy as detailed in the ALP brochure. This would include approximately 5 weeks away from the organisation.

I agree that our organisation will pay the programme fee of R58,000.00, and the study tour fee of R38,500.00 as well as any travel to and from Johannesburg and accommodation costs in Johannesburg.

**Signature:** ..... **Date:** .....

Please return this application to: Ms Angie Arpin  
Programme Manager: ALP  
Wits Business School  
2 St David’s Place  
Parktown, Johannesburg  
Tel: + 27 11 717 - 3664  
Fax: + 27 11 717 - 3514  
Email: [angie.arpin@wits.ac.za](mailto:angie.arpin@wits.ac.za)  
[www.wbs.ac.za](http://www.wbs.ac.za)

*For office use only:*  
Student No: .....  
Customer No: .....

**Application Check List**

- **Please ensure that your form is completed and signed and that all items below have been addressed:**

- 1. Photograph (p1)
- 2. Organogram (p2)
- 3. Signature of Superior (p4)