

## BSB40520 Certificate IV in Leadership & Management



### Expression of Interest 2024

To be completed and signed by the applicant and the applicant's manager.  
Management support and commitment throughout the duration of the program is essential.

#### Part A: Applicant's Personal Details

Surname:			
Given Names:			
Position Title:			
Department:			
Facility:		Cost Centre:	
Employee Number:		Telephone:	
Length of Service in Current Position:		Email Address:	

#### Part B: Application Details

**This section forms the basis of selection of applications.**

Please provide details of any Leadership and Management experience in the following activities from the last three years.

Activity	Position	Brief description of your involvement
Quality Improvement Project		

Activity	Position	Brief description of your involvement
Quality Improvement Project		
Leading teams or managing teams		
Performance Management		
Operational or Business Planning		
Dealing with conflict		

Please indicate whether you have completed any of the courses listed below.

Course Name	Completed		Year completed
	Yes	No	
206764095	Recruitment Module 1 – Pre Selection		
206764765	Recruitment Module 2 – Selection		
206767071	Recruitment Module 3 – Post Selection		
40380774	Implementing Performance Development (Online – MHL)		
396662644	Code of Conduct (Online – MHL)		
39966648	Privacy – Know your Boundaries (Online – MHL)		
45667249	Conflict Resolution – 1-Day Course		

Please outline in the space below why you would like to participate in the Certificate IV in Leadership and Management

Do you hold any Statements of Attainment that you wish to request a credit transfer for?

Yes

No

If Yes, please list below and attach a copy of Statement of Attainment with this EOI.

### Part C: Applicant Declaration

I have read the Certificate IV in Leadership and Management 2023 program guide and the NSW Health RTO Student Handbook, and have discussed this with my line manager. I can make the commitment required to complete all of the program requirements.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please attach your resume and job description to this application.*

## Part D: Completed by Applicant's Line Manager

As the applicant's manager, I fully support the staff member's participation in this program and the staff member's completion of the requirements of the program.

I understand this program will require me to:

Complete third party reports and collaborate with the applicant to discuss the applicant's development needs and how these may be met through workplace projects/activities.

Release the applicant to attend all workshops.

Provide ongoing support to the applicant for the duration of the program

Please comment on this staff member's management potential.

## Manager's Details

Manager Surname:	
Given Name(s):	
Position Title:	
Department:	
Facility:	
Telephone no:	
E-Mail Address:	

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please return this form to:

Vicki Nicolaou

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Building 301 Balmain Road  
(Opposite Cecily St) Lilyfield NSW 2039.

**Phone:** (02) 02 9562 5918

**Email:** [Vicki.Nicolaou@health.nsw.gov.au](mailto:Vicki.Nicolaou@health.nsw.gov.au)



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**APPLICATIONS CLOSE: 31 March 2024**