

Leaders of the Future Program

Expression of Interest 2024

To be completed and signed by the applicant and the applicant's manager. However, if there is high demand for this program an interview will be conducted to select suitable candidates.

Part A: Applicant's personal details

Last name:			
Given name(s):			
Position title:			
Department:			
Facility:			
Employee number:		Telephone:	
Length of service in current position:		Email address:	

This section forms the basis of selection of applications. This program is for emerging leaders who have been identified to demonstrate leadership potential and are high achievers within Sydney Local Health District.

Please provide concise responses to the following items. We want to know your story but also how we can support you to grow more. If additional space is required, up to two additional pages may be added to this application.

Provide two examples where you have demonstrated leadership in your workplace.

What do you hope to achieve by completing this program?

Provide an example where you have used innovative thinking in the workplace.

Can you give an example of a time when you have demonstrated resilience in the workplace and share what you learned from that experience?

How do you ensure that you apply the principles of patient and family centred care to your practice?

Applicant declaration

I have discussed my interest and involvement commitments for this program with my line manager. I can make the commitment required to complete all the program requirements.

Applicant's signature: _____ Date: _____

Part B: Completed by applicant's line manager

As the applicant's manager, I fully support his or her participation in this program and the requirements of the program. I understand this program will require me to:

Release the applicant to attend the workshop dates, observation dates and coaching sessions.

Collaborate with the applicant to discuss their development needs and how these may be met through workplace projects/activities.

Provide ongoing support to the applicant with research for the project and other related tasks for the duration of the program.

Manager last name:	
Given name(s):	
Position title:	
Department:	
Facility:	
Telephone no:	
E-mail address:	

Manager's signature: _____ Date: _____

Part B: Completed by applicant's Director of Nursing (DON) / Director of Allied Health / Chief Health Information Officer

As the applicant's director, I fully support his or her participation in this program.

Yes No

Director last name:

Given name(s):

Director's signature: _____ Date: _____

Please return this form to:

Rehana Khan

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

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APPLICATIONS CLOSE: 8 October 2024 (COB)

**SYDNEY
EDUCATION**