

#### **Congratulations!**

# You have taken the first step (and a very important one) in reclaiming your voice and making your mark in the world!

To believe you are worthy of this investment in yourself is something that many women find difficult to do, and yet it is the first and most critical thing we **must** do in order to take up the opportunities that present themselves to us.

The purpose of this Application is to ...

- Ensure you feel ready for the commitment of time and energy that the program will require of you
- Move you towards greater clarity of what you strongly desire to achieve as a result of your participation
- Stimulate your thinking about what you need do to derive the absolute maximum benefit from the program
- Ensure I draw together a group of women whose diversity will enable all participants to learn the greatest amount from each other and to create an optimal group dynamic.

And of course, I want to know as much as I possibly can about **you** so that I can support, encourage and challenge you during the 6 months of the program.

Past participants have told me the form takes about 20 to 30 minutes to complete. Be honest about your responses because we want to be sure we are going you the resources and tools you need. It is best done in one block of time, when you can be relaxed and give the questions your most honest and clear responses. Please return your completed form to us by email (<u>info@sandigivens.com.au</u>) or post (PO Box 68, Warrandyte Victoria 3113) within the next 2 weeks.

If you have any questions at all about your Application, call our office (**03 9844 4612**) or send us an email (<u>request@sandigivens.com.au</u>) – we'd be happy to help.

We do appreciate the time and effort you put into completing this application. You will hear from us within 2 weeks of our receipt of this to advise you of its outcome.

With kind regards,

andi Givens

Sandi Givens Author, Speaker, Facilitator & Women's Executive Coach

MBTI AND NLP PRACTITIONER, BA (SOCIOLOGY AND PSYCHOLOGY) CERTIFICATE IV – WORKPLACE TRAINER & ASSESSOR CERTIFIED SPEAKING PROFESSIONAL, NATIONAL SPEAKERS ASSOC OF AUSTRALIA

#### "For Unbelievable Breakthroughs That Deliver Outstanding Results"

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## Unstoppable Women! Steps to Success (Part I)

An elite & in-depth program for serious businesswomen who are ready to advance their careers & build their leadership capabilities

### **Application Form**

Na	me: _						
Po	sition: _						
Org	ganisation: _						
Str	eet Address: _						
Em	ail: _						
Bu	siness Phone:				Mobile:		······
Da	te of birth:						
Em	ployment infor	matio	n: Length of time Number of peo		rrent position: irectly reporting to y	you	
Ke	y responsibilitie	es: 1.					
		2.					
		3.					
		4.					
		5.					
Plea	ase <b>tick</b> the areas o	of devel	opment in which you a	re mo	ost interested.		
	Work/Life Balance Managing Diversity Self Esteem Assertiveness Negotiation Conflict Resolution Influence Skills		Communication State Management Self Promotion Leadership Styles Gender differences Presentation Skills Time Management		Emotional Intelligence Stress Management Personal Mastery Personality Styles Learning Styles Goal Attainment Coaching Skills		Values Feedback Mentoring Beliefs Delegation Managing 'Up' Managing Meetings

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Why are you interested in participating in the Unstoppable Women! Steps to Success program?

What top 3 outcomes do you want to achieve as a result of your participation?

What are some of the ways and areas in which you will apply your learning from the program?

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How do you believe you best learn?

What will you do to prepare yourself for this development program before it starts?

List some ways in which you will stretch yourself so you can learn as best and as much as you can throughout the program.

Please describe the various professional and personal development activities you have undertaken previously. (Include attendance at seminars, books you have read, coaching or mentoring you've received, home study programs undertaken, qualifications you have gained). Please also list the years in which you completed these activities, and the providers of the seminars, coaching and/or mentoring.)

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What do you **currently do** to support, enhance and extend your personal and professional development?

In respect to your career/business life, describe your ultimate goal.

How would you describe yourself?

Do you have any health problems or restriction you think we should know about?

Please note here any dietary constraints or requirements you have.

Please list the name, address and phone numbers of 2 people you would want us to contact in the event of an emergency during the face to face sessions of the program.

OFFICE USE ONLY	Intake Program #			Start Date		Participant #	
Holding Deposit	Amount:	nt:		Date Received:			