

AGREEMENT

In becoming a participant of the Leadership Academy you agree that:

- There is a requirement for participants to attend 8 formal sessions
- A payment of \$1,500 + GST will be made within 7 days of acceptance to the Leadership Academy to the Otago Chamber of Commerce Inc, Westpac Moray Place 03 0905 090271 00.

AGREEMENT AND APPLICATION BY: _____

DATE: _____

TO BE COMPLETED BY EMPLOYER:

I understand the attendance policy and will allow this applicant, if selected, to devote the time necessary to complete the program (eight formal sessions run over a four to six month period).

SIGNATURE: _____

FULL NAME: _____

DATE: _____

Information held on the database relating to this membership is confidential and shall only be used by the Chamber in respect of services provided by the Chamber; to facilitate networking among members and to market goods and services provided by other members or by outside parties approved by the Board of Directors.



Otago Chamber of Commerce
Ground Floor
Burns House
10 George Street Dunedin
PO Box 5713 Dunedin 9058
New Zealand
Tel 03 479 0181
Fax 03 477 0341
office@otagochamber.co.nz
www.otagochamber.co.nz

LEADERSHIP ACADEMY RECOMMENDATION



The person named below is applying to take part in the Otago Chamber of Commerce Leadership Academy. This is a leadership development programme responsible for encouraging and preparing a diverse group of people to assume leadership roles throughout Otago. Your thoughtful and candid responses will assist us in our selection process.

The candidate's application is incomplete without this recommendation.

Fax completed recommendation to: 03 477 0341 or post to the Otago Chamber of Commerce, PO Box 5713, Dunedin 9058. If you have any questions please call 03 479 0181.

NAME OF APPLICANT: _____

TYPE OF RELATIONSHIP: Personal Professional

1. HOW LONG HAVE YOU KNOWN THE APPLICANT AND IN WHAT CAPACITY

2. HOW WELL DO YOU KNOW THE APPLICANT

- By name/sight
- Casually – few personal contacts
- Fairly well – numerous personal contacts
- Very close relationship

3. PLEASE EVALUATE THE APPLICANT'S CHARACTER BY CIRCLING THE APPROPRIATE NUMBERS

No Chance to observe	Poor	Below Average	Average	Above Average	Superior
Reliability (dependability, responsibility)					
0	1	2	3	4	5
Maturity (personal development, ability to cope with life situations)					
0	1	2	3	4	5
Judgment (ability to analyse a problem)					
0	1	2	3	4	5
Respect (for those whose opinions differ from one's own)					
0	1	2	3	4	5
Oral expression (clarity, coherence)					
0	1	2	3	4	5
Interpersonal relationships (cooperation, attitudes towards supervision, rapport)					
0	1	2	3	4	5
Leadership (competence, self-confidence)					
0	1	2	3	4	5
Work habits (perseverance, resourcefulness, initiative)					
0	1	2	3	4	5
Integrity (honesty, moral character)					
0	1	2	3	4	5

4. BRIEFLY DESCRIBE YOUR KNOWLEDGE OF APPLICANT'S PARTICIPATION AND ACCOMPLISHMENTS IN CIVIC AND COMMUNITY ACTIVITIES:

5. REASONS APPLICANT IS QUALIFIED TO PARTICIPATE IN THE OTAGO CHAMBER OF COMMERCE LEADERSHIP ACADEMY:

YOUR NAME: _____

ORGANISATION NAME: _____

JOB TITLE: _____

DAY PHONE: _____

POSTAL ADDRESS: _____

SIGNATURE: _____ DATE: _____

IS YOUR ORGANISATION A MEMBER OF THE OTAGO CHAMBER OF COMMERCE?

(IF "NO", IS YOUR ORGANISATION A MEMBER OF ANY CHAMBER OF COMMERCE IN NEW ZEALAND?)

The information supplied is covered by the Privacy Act 1993 and will be treated as confidential by those authorised by the Otago Chamber of Commerce to view this information. I confirm that the information contained on this form is accurate as at the time of completion.



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