



Cape York Leaders Program  
**be more**

# EXCELLING LEADERS APPLICATION FORM

**CLOSING DATE: FRIDAY 29TH APRIL 2016**

## SUBMITTING YOUR APPLICATION

Please submit application by any of the options below:

<b>By Post:</b>	Cape York Leaders Program, PO Box 677, Cairns North, QLD 4870
<b>By E-mail:</b>	CYLPEvents@cyp.org.au
<b>By Fax:</b>	(07) 4042 7200
<b>By Hand:</b>	302-310 Sheridan Street, Cairns QLD 4870

IF YOU DO NOT RECEIVE CORRESPONDENCE FROM CYLP WITHIN 7 DAYS OF LODGING YOUR APPLICATION PLEASE CONTACT THE CYLP TEAM ON 4042 7200.

## THE APPLICATION PROCESS

**STEP 1** – Complete this Application Form

**STEP 2** – Return completed Application Form to CYLP.

**STEP 3** – When CYLP receives your Application Form you will be notified within 7 days.

**STEP 4** – Your Application is then assessed against the following criteria:

Your Application is fully completed;

You and your family are connected to Cape York community;

You agree to the program's Code of Conduct;

You have the desire to be a leader; and

An Agreement and Code of Conduct will be signed by you in preparation to be accepted.

**STEP 5** – If you meet the criteria above your Application is put forth to the Cape York Leaders Program Steering Committee.

**STEP 6** – Cape York Leaders Program Steering Committee provides recommendations to Training and Development Coordinator.

The Coordinator will allocate you into a phase.

**STEP 7** – You will be notified by a Cape York Leaders Program staff member via email or mail on your acceptance into your specific phase.

**STEP 8** – Successful applicants must be active members of the Cape York Leaders Program.



**CAPE YORK PARTNERSHIP**  
*Responsibility • Opportunity • Freedom*

**LEADER DETAILS** (Please print)

Last name:		
First name:		
Also known as:		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of birth:        /        /		Place of birth:
Marital Status:	Do you have any dependent children?	<input type="checkbox"/> Yes    How many? _____ <input type="checkbox"/> No
Home address:		
Postal address:		
Email:		
Home #:	Mobile #:	Work #:

**CULTURAL DETAILS**

WHAT IS YOUR IDENTITY?		
<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Aboriginal and Torres Strait Islander

TICK THE COMMUNITY YOU AND YOUR FAMILY HAVE CONNECTIONS TO (You can select more than one)			
<input type="checkbox"/> Aurukun	<input type="checkbox"/> Bamaga	<input type="checkbox"/> Coen	<input type="checkbox"/> Cooktown
<input type="checkbox"/> Hope Vale	<input type="checkbox"/> Injinoo	<input type="checkbox"/> Kowanyama	<input type="checkbox"/> Laura
<input type="checkbox"/> Lockhart River	<input type="checkbox"/> Mapoon	<input type="checkbox"/> Napranum	<input type="checkbox"/> New Mapoon
<input type="checkbox"/> Pormpuraaw	<input type="checkbox"/> Seisia	<input type="checkbox"/> Umagico	<input type="checkbox"/> Weipa
<input type="checkbox"/> Wujal Wujal	<input type="checkbox"/> Yarrabah	<input type="checkbox"/> Other	

PREVIOUS INVOLVEMENT WITH CAPE YORK LEADERS PROGRAM	
Have you ever been a member of the Cape York Leaders Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What phase were you part of?	
<input type="checkbox"/> Academic Leaders Secondary	<input type="checkbox"/> Academic Leaders Tertiary
<input type="checkbox"/> Youth Leaders	<input type="checkbox"/> Skilling Leaders
<input type="checkbox"/> Excelling Leaders	<input type="checkbox"/> Leadership Academy

## EMERGENCY CONTACTS

### FIRST CONTACT

Last name:		First name:	
Relationship to you:			
Email:			
Home #:	Mobile #:	Work #:	

### SECOND CONTACT

Last name:		First name:	
Relationship to you:			
Email:			
Home #:	Mobile #:	Work #:	

## EMPLOYMENT

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your employer:	
Your Position / Role:	
Does your employer support your participation in the Cape York Leaders Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your employer know you have applied to the Cape York Leaders Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisors Name	Role
Supervisor Mobile #:	Supervisor Work #:
Email:	



## GOALS

TELL US ABOUT YOU AND YOUR LEADERSHIP GOALS	
Describe a leadership role you have been involved in	
Describe why you chose to apply to the Excelling Leaders phase and personal strengths you want to build on	
Describe a situation that enabled you to be creative or innovative	
Describe the type of leadership role you want to do in the future and why it is important to you	
What beliefs or values will help you to become the type of leader you want to be?	
Describe what you can do, to build the future you want to have	



## LEADERSHIP EXPECTATIONS

If you are selected to become a member of the Cape York Leaders Program there will be considerable resources expended in assisting you to achieve your personal and professional goals.

Your selection is based on the belief that you have the potential to make important contributions to the wider work of economic and social reform in Cape York communities through your sphere of influence.

You will have the privilege of receiving training from national and international experts covering many aspects of leadership.

In order to gain the maximum benefit from your 2016/2017 membership, we require your commitment, active engagement with the program, and agreement to support the principles that underpin Cape York Leaders Program.

In consideration of the Cape York Leaders Program we ask you to accept, undertake, agree and consent to the following:

- I will be an active participant and become an advocate of the Cape York Agenda;
- I agree to support the principles on which the Cape York Leaders Program is based
- I will have the self-belief to face challenges and follow my goals
- I agree to take responsibility, contribute positively and encourage others to succeed
- I will have pride in my work and lead by example and be driven to achieve
- I will be a role model and connect with others to influence change
- I will be a Natural Leader and seek to gain the necessary skills to be a better Natural Leader

I understand and support the above statements and wish to lodge an application to be a member of the Cape York Leaders Program.

I have read the above Leadership Expectations and understand that there may be consequences such as dismissal from the program if I choose not to comply.

I certify the information contained in this form and the answers to the questions provided are true and accurate. Failure to disclose any relevant details may cause an offer of acceptance to the program to be withdrawn or continuation with the program to be cancelled.

**Full name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

