

## General Management Portfolio

### Application Form

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Name of Applicant

Company Name

Programme Title

Programme Date

Fee

#### Important Information

- **The Delegate Details** must be completed by the application, and the **Sponsor's Section** should be completed by a party, preferably the person to whom the applicant reports.
- Please note that careful consideration is given to each application to ensure that participants and their organizations will get the maximum benefits from the programme. **Therefore please ensure that each section, including the Sponsor's Section, is completed with all relevant details.** We will not be able to proceed with the application unless ***all sections of both forms are completed.***
- Please also note our Booking Conditions on Page 6 of this form, in particular our policy concerning cancellations and transfers.
- Applicants with less than one year's experience operating in an English-speaking environment should include a statement documenting evidence of English language skills.

**FOR PROGRAMME DIRECTOR'S USE.**

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Date.....

I accept this delegate for the programme.

## DELEGATES DETAILS

Please complete in **BLOCK CAPITALS**

Family

Name.....

First Name.....

Preferred Name.....

Other Initials.....Dr/Mr/Mrs/Ms..... Male  Female

Job Title.....

Department.....

Company Name.....

Your Business Address.....

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Postcode/Zipcode.....Country.....

Direct Tel No (including area and country code).....

Switchboard Tel No (including area and country code) .....

Mobile Tel No .....

Email .....

Company website .....

Company Field of Activity or Industry .....

Parent Company name .....

**Your business unit only** ..

No. of employees ..... Annual Turnover (in £ or \$) .....

**Parent Company name** .....

No. of employees ..... Annual Turnover (in £ or \$) .....

### Personal Details

Home Address .....

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Postcode/Zipcode ..... Country .....

Tel No (including area and country code) .....

Home Email .....

Date of Birth ..... Nationality .....

Emergency Contact Name .....

Tel No. .... Relationship .....

Which address would you prefer correspondence be sent to.

Business  Home

Which address would you prefer to be published on programme delegate lists etc.

Business  Home



**How did you first hear about this programme? (Please tick one option)**

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Recommendation by previous attendee of the programme (please give their name Name.....
<input type="checkbox"/> Article in a publication	<input type="checkbox"/> Recommendation by someone else in your organization (please give their name and job title) Name..... Job.....
<input type="checkbox"/> Email Marketing	
<input type="checkbox"/> Insert in a magazine	
<input type="checkbox"/> Mailing	
<input type="checkbox"/> Training Directory (please specify.....)	
<input type="checkbox"/> Website (please specify.....)	
<input type="checkbox"/> Other (please specify.....)	
<b>What business reason prompted you to choose this programme?</b>	
<input type="checkbox"/> New appointment or job	<input type="checkbox"/> Change in responsibilities
<input type="checkbox"/> Promotion within same function	<input type="checkbox"/> Promotion within different function
<input type="checkbox"/> Appraisal system training plan	<input type="checkbox"/> Updating functional knowledge
<b>Who was involved in the decision-making process? (please tick one option)</b>	
<input type="checkbox"/> The delegate	<input type="checkbox"/> Delegate's line manager
<input type="checkbox"/> Delegate and the line manager together	<input type="checkbox"/> Person responsible for development decisions
<input type="checkbox"/> Delegate and the development decision-maker together	

**Present Position and Development Objectives**

Please provide a full description of your current duties and attach relevant organisatin charts clearly indicating your reporting with your main board, business unit executive or functional management team.

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Number of people who report to you: directly..... indirectly.....

Name of person to whom you report:

Name ..... Tel No. ....

Job Title ..... Email .....

**Please give your reasons for wanting to attend this programme, commenting specifically on the following:**

The challenges you face in your current role?

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The challenges you are likely to face in future roles?

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What would you like to gain from attending this programme to help you meet these challenges?

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How do you see future career?

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**To ensure that you obtain the maximum benefit from this programme, we may need to discuss your application. Please indicate who we should contact in this instance if it is not the person named on the previous page as the person to whom you report:**

Name ..... Job Title .....  
Tel No. .... Fax No. ....  
Email .....

**I understand that to fully benefit from this programme I should be free from all professional duties for the duration of the programme. I further understand and accept that my confirmed booking is subject to the cancellation and transfer policy as detailed in the Booking Conditions (page 6).**

Delegate Signature..... Date .....

**Authorisation of Payment and Invoice Details**

(This section should only be completed by a person with appropriate purchasing authority)

**I have read and I accept the Booking conditions on page 6 of this booking form and understand that upon confirmation of this booking I/the organization will become liable for all expenses. I also confirm that I am authorized by my organization to form a contractual relationship with Training Guide International in connection with this booking.**

Signature..... Date.....  
Title .....Initial(s) .....First Name .....Surname.....  
Job Title .....Organisation .....  
Address  
.....  
.....  
Country .....Country ..... Postcode/Zipcode.....

