

ailc

Australian
Indigenous
Leadership
Centre

10412NAT

Certificate II in Indigenous Leadership

Application form

Please select the group you are applying to:

Group 1: August 18 - 22, September 22-26

Group 2: October 13 - 17, November 10 - 14

Name of contact person and organisation:

Location of participant base:

Contact phone number

Email:

N.B. All residential workshops are mandatory and there is coursework before and in between each workshop.

**Applications close: July 11 for Group 1 and August 11 for Group 2, 2014, AEST.*

UNITS OF COMPETENCY

Core Units:

- **VU21059** - Develop Leadership Skills as a Member of an Indigenous Community
- **SITXCOM201** - Show Social and Cultural Sensitivity
- **BSBCMM201A** - Communicate in the Workplace
- **BSBCUS201B** - Deliver a Service to Customers
- **BSBWOR202A** - Organise and Complete Daily Work Activities
- **CUFRES201A** - Collect and Organise Content for Broadcast or Publication
- **CHCNET301D** - Participate in Networks

Electives – Pick One:

- **BSBIND201A** - Work Effectively in a Business Environment
- **CHCCS211B** - Prepare for Work in the Community Sector
- **PSPGOV201B** - Work in the Public Sector

MAIN CONTACT DETAILS

Provide details of the primary contact person for the application:

Title

Given name

Family name

Phone number during office hours

Mobile phone number

Email address

Address (postcode and state)

Why do you wish to undertake the 10412NAT Certificate II in Indigenous Leadership and what benefits will this provide?

Has this application been made with intent to link up with another community/organisation for the course?

Yes No

If yes, please name community/organisation:

	Name	Age	Position within the community/organisation	If you do not speak English as a first language, please indicate if you will need English language support on course?	Phone and email address	Please let us know what (if any) Governance or leadership training previously undertaken.
1				<input type="checkbox"/> Yes <input type="checkbox"/> No		
2				<input type="checkbox"/> Yes <input type="checkbox"/> No		
3				<input type="checkbox"/> Yes <input type="checkbox"/> No		
4				<input type="checkbox"/> Yes <input type="checkbox"/> No		
5				<input type="checkbox"/> Yes <input type="checkbox"/> No		
6				<input type="checkbox"/> Yes <input type="checkbox"/> No		
7				<input type="checkbox"/> Yes <input type="checkbox"/> No		
8				<input type="checkbox"/> Yes <input type="checkbox"/> No		

9				<input type="checkbox"/> Yes <input type="checkbox"/> No		
10				<input type="checkbox"/> Yes <input type="checkbox"/> No		
11				<input type="checkbox"/> Yes <input type="checkbox"/> No		
12				<input type="checkbox"/> Yes <input type="checkbox"/> No		
13				<input type="checkbox"/> Yes <input type="checkbox"/> No		
14				<input type="checkbox"/> Yes <input type="checkbox"/> No		
15				<input type="checkbox"/> Yes <input type="checkbox"/> No		
16				<input type="checkbox"/> Yes <input type="checkbox"/> No		
17				<input type="checkbox"/> Yes <input type="checkbox"/> No		
18				<input type="checkbox"/> Yes <input type="checkbox"/> No		
19				<input type="checkbox"/> Yes <input type="checkbox"/> No		
20				<input type="checkbox"/> Yes <input type="checkbox"/> No		
21				<input type="checkbox"/> Yes <input type="checkbox"/> No		
22				<input type="checkbox"/> Yes <input type="checkbox"/> No		
23				<input type="checkbox"/> Yes <input type="checkbox"/> No		

24				<input type="checkbox"/> Yes <input type="checkbox"/> No		
25				<input type="checkbox"/> Yes <input type="checkbox"/> No		

Checklist

For your application to be complete and considered by our selection panel, you must provide the AILC with the following by the 6th February.

Are you prepared to commit its enrolled members in training for 10 weeks, 2 of which will be residential delivery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participants must commit to providing an evaluation at the end of the course. Are you willing to make this commitment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you agree not to drink alcohol or take non-prescription drugs while on this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you attached the resumes of each participant that intends to undertake the course?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you informed each participant listed above of their involvement in this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has each participant informed their work of their intention to undertake this course?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION

I declare that the information on this form and the supporting evidence supplied by me is true and correct. I understand that it is a criminal offence to provide false or misleading information.

Name:

Signature:

Date (DD/MM/YY):

HOW TO SUBMIT THE APPLICATION

Each application, including any supporting documentation, must be received by the AILC by 5pm, Australian Eastern Standard Time on the day applications close (see front page).

Applications can be lodged through:

Email: ailc@ailc.org.au

Fax: 02 6251 6312

Post: Australian Indigenous Leadership Centre, PO Box 4110, Kingston, ACT, 2604.

Phone: 02 6251 5770 or free call 1800 284 087 if you have any queries.