**Women into leadership is designed to support future leaders and their next step in promotion.**

**Family Name:**

**First Name:**

**Title:**

**Home Address:**

**Local Authority working within:**

**Your DfE Registration Number:**

**Ethnicity (Please circle):**

* **White British**
* **White Welsh**
* **White Scottish,**
* **White Northern Irish**
* **White Irish**
* **Gypsy or Irish Traveller**
* **Roma**
* **Any other white background**
* **Asian**
* **Asian British**
* **Indian**
* **Pakistani**
* **Bangladeshi**
* **Chinese**
* **Any other Asian background**
* **Black**
* **Black British**
* **Caribbean**
* **African**
* **Any other black, black British, or Caribbean background**

**contact information:**

|  |  |
| --- | --- |
| **School Phase** | **Primary/Secondary/Special** |
| **School Address** |  |
| **School Telephone Number** |  |
| **Home Telephone Number** |  |
| **Home Telephone Number** |  |
| **Mobile Number** |  |
| **School Email Address** |  |
| **Home Email Address** |  |

 **career development:**

|  |  |
| --- | --- |
| **Current Post Title** |  |
| **Full Time/ Part Time** |  |
| **From (Date) - To (Date)** |  |

**Next Step Promotion**

**Please briefly describe your current role:**

**In 12-18 months from the completion of this programme the majority of participants are expected to have achieved their next step promotion. Please outline below what you have done and are currently doing to secure your next promotion and what that position is likely to be.** **(Max 150 words).**

**supporting** **information**

**Explain briefly why you wish to undertake the Women into leadership programme. (Max 250 words).**

**declaration**

**I hereby certify that all the information given on this form is correct to the best of my knowledge and I wish to participate in the Women into leadership programme 2025-26.**

1. **I hereby certify that all the information given on this form is correct to the best of my knowledge and I wish to participate in the Women in Leadership 2024 - 2025.**
2. **I am aware that I will be committing to a residential and the following sessions:**
3. **I confirm that I have the permission of my headteacher/principal or line manager for attendance at the Friday of the residential.**
4. **I accept that should I fail to attend the residential without very good reason (such as serious illness in the family etc) I will personally be charged £150 to cover costs.**

**Please find enclosed a cheque from me/my school for £250 that will be paid back on completion of the course.**

**Please invoiced my school.**

|  |  |
| --- | --- |
| **Name** |  |
| **Miss/Ms/Mrs** |  |
| **Signature of Applicant** |  |
| **Signature of Headteacher/Line Manager** |  |
| **Date** |  |

**Please email this form to Rachael Barnett: rbarnett@crownhills.leicester.sch.uk**

**Tel: 0116 273 6893 Ext 209**

**Closing Date: Wednesday 10th September 3pm**