



**LEADERSHIP AND MANAGEMENT PROGRAMME (LAMP)
APPLICATION FORM**

Closing date for applications to TDHB:
Wednesday, 15 June 2005

APPLICANT TO COMPLETE	
Name of LAMP Programme you are applying for	
Name of Applicant	
Position	
Department	
Unit Manager	
Phone (work)	
Email	

**PLEASE PROVIDE INFORMATION UNDER THE FOLLOWING HEADINGS –
Please ensure your application reflects the programmes criteria as it relates to
you and your role.**

My Strengths
My Development Needs
Challenges in my role
How the LAMP Programme would assist my career with TDHB?

Only complete the following question if you are applying for the MAP Programme:

Please provide a comprehensive description of a project/s you would undertake if you were chosen to complete the HSMC Programme. Including how the project links to the strategic direction of the DHB and the benefits it will add to the organisation.

Please attach additional sheets if required

Only complete the following question if you are applying for the HSMC Programme:

Please provide a detailed explanation of the operational and strategic management challenges you face now and into the future. How do you believe MAP will help you to address these issues?

Please attach additional sheets if required

All applicants please complete the following questionnaire. The purpose of the survey is to help DHBNZ plan and develop future LAMP programmes. All information provided will be treated as confidential to LAMP. Collated non-identifiable information may be used for development of reports to programme sponsors.

Please place a cross (X) the appropriate box:

Age:

Under 24		25 – 29		30 – 34		35 – 39		40 – 44	
45 – 49		50 – 54		55 – 59		Over 60			

Gender:

Male		Female	
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Which Ethnic group or groups do you most closely identify with?

New Zealand European		Other European		Asian	
New Zealand Maori		Pacific Island		Other	

Description of current Position:

Corporate Management		Planner/Funder		Science/technical	
Service Manager/Leader		Clinician/Clinical Leader		Other	

Type of Organisation:

DHB Provider		DHB Subsidiary		DHB Funding		PHO		NGO		Other	
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Length of time in current position: Years Months

Signed by Applicant

DATE

Once you have completed this form, please attach a **current** copy of your CV and forward to your unit manager. They will then complete the relevant sections and forward the application to Lara Barton, Recruitment Advisor, TDHB.

Close off date for all applications is COB **Wednesday, 15 June 2005**. Applications received after this date will not be considered for selection.

Once all applications have been received in HR, they will be reviewed by a selection panel. Applicants will be notified of the outcome of their application by Friday 24 June

MANAGER TO COMPLETE	
Name of Manager	
Position	
Department	
Phone (work)	
Email	

PLEASE PROVIDE INFORMATION UNDER THE FOLLOWING HEADINGS
Do you support the attached application?
If yes, why do you support this application?
What are your expectations of the applicant upon completion of the course?

Signed by Manager

DATE