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| **Application Form – AHLDP Cohort 5 or Cohort 6**  (please delete the cohort you don't wish to be considered for) | | |
| Applicant’s Name |  | |
| Applicant’s school and contact telephone |  | |
| Applicant’s email address |  | |
| Applicant’s mobile number |  | |
| Number of years teaching |  | |
| Previous leadership programmes completed – dates. State the provider |  | |
| Current role/responsibilities |  | |
| Why do you wish to participate in this leadership development programme?  250 words |  | |
| Applicant’s signature (electronic) |  | Date: |
|  | | |
| Name of school leadership mentor |  | |
| Name of school Headteacher |  | |
| Headteacher or DHT/AHT signature |  | Date: |
| Return to: | [cerisiankenrick@GwEGogledd.Cymru](mailto:cerisiankenrick@GwEGogledd.Cymru) | |
| Any special dietary requirements. Any disabilities you wish us to know about? |  | |
| To be received by: | **Midday on the 30th June 2019** | |
| The senior management team and governors of this school fully support this application and undertake to actively seek the necessary opportunities to enable the applicant to complete the tasks involved. The school will allocate a member of the SLT as the applicants school-based mentor.  The applicant is expected to attend all development days. | | |

