



Application form

TITLE: FIRST NAME: LAST NAME:

POSITION:

ORGANISATION:

POSTAL ADDRESS:

CITY: STATE: POST CODE:

PHONE: MOBILE:

EMAIL:

MAIN AREA OF RESPONSIBILITY:

- General management
- Marketing/sales
- Information systems
- Finance
- Human resources/training
- Production/operations
- Engineering
- Other (please specify)

MANAGEMENT LEVEL:

- Supervisor
- Middle
- Senior

ORGANISATION TYPE:

- Public Company
- Private Company
- Not-for-profit
- Professional Services
- Federal Government
- State Government
- Local Government
- Government Business Enterprise

TERTIARY EDUCATION:

QUALIFICATION: INSTITUTION: YEAR COMPLETED:

Do you have any disability or health considerations we should be aware of?

What do you hope to gain from participating in the Copland Program?

How did you find out about the Copland Program?

Please submit a completed application form together with a letter of nomination from your organisation, and a copy of your CV.

Please note: Your contact information will be circulated to all Copland Program participants to allow you to further develop your networks and discuss the topics on a one-to-one basis.

Closing date:
Friday 16 July 2010.

Payment:
An invoice for the program fee (\$2,500 plus GST) will be issued on acceptance of your application. Payment is required before the program start date.

Enquiries:
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