NOMINATION FORM

Country Dioceses

 Leadership Program 2024

| **Applicant Name:** |       |
| --- | --- |
| **School Name:**  |       |
| **School Address:**  |       |
| **Diocese Name:**  |       |
| **Current Role in School:**  |       |
| **Email Address:**  |       |
| **Mobile Phone No:** |       |
| **How would you hope to grow as a leader through the Country Dioceses Leadership Program?** |
|       |
| **How will your participation in the Country Dioceses Leadership Program contribute to your school improvement priorities?** |
|       |
| **Applicant’s Commitment:**I am aware of the nature of the program and am able to make a commitment to the time and expectations required. |
| **Applicant’s Signature:** |       | **Date:** |  **/ /2023** |
| **Principal’s Signature** |       | **Date:** |  **/ /2023** |

***Please note:* Acceptance into CDLP is dependent upon a discernment process undertaken between the Principal and Diocesan Representative within each Diocese. The Principal will be asked to complete a confidential endorsement form.**

***Please return to your Diocesan Representative by Friday 10 November 2023.***



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