NOMINATION FORM

Country Dioceses

Leadership Program 2025

| **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:** | **/ /2024** |
| **Principal’s Signature** |  | | **Date:** | **/ /2024** |

***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 8 November 2024.***

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