

## **AUSTRALIA LEADERSHIP AWARDS FELLOWSHIPS – ROUND 11**

(For Australian Host Organisation to fill out)

Name of Australian Host Organisation:

Name of Counterpart Organisation:

Program Title:

Name & Country of Nominated Fellow:

### **CURRICULUM VITAE**

1. **NAME:**
2. **DATE OF BIRTH:**
3. **GENDER :**      MALE / FEMALE
4. **NATIONALITY:**
5. **ADDRESSES**
  - a. Current Residence:  
Home Phone:  
Home Email:
  - b. Work Address:  
Work Phone:  
Work Email:
6. **EDUCATION QUALIFICATION** (starting with highest qualification)
  - a. Qualification & Year Awarded  
Institution & Country
  - b. Qualification & Year Awarded  
Institution & Country
  - c. Qualification & Year Awarded  
Institution & Country
7. **TRAINING** in the last 4 years (starting with most current)
  - a. Name of training & Dates  
Institution & Country
  - b. Name of training & Dates  
Institution & Country
  - c. Name of training & Dates  
Institution & Country
8. **PROFESSIONAL /EMPLOYMENT HISTORY** for the past 10 years (starting from the most current)
  - a. From date – Present  
Current Employer  
Current Position  
Position Description
  - b. From date – date  
Employer  
Position  
Position Description
  - c. From date – date

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Employer

Position

Position Description

**9. ENGLISH LANGUAGE SKILLS** (please ✓ tick appropriate box)

COMPETENCY	BASIC	INTERMEDIATE	ADVANCED
Reading			
Writing			
Speaking			

**10. RETURN TO WORK PLAN** (Please use additional pages if required)

a. What learning, skills and knowledge will I gain from this Fellowships Program?

b. How will I use these new learning, skills and knowledge in my work when I return?

**11. ADDITIONAL INFORMATION**

Will you require additional assistance or assistive devices to participate in the ALA Fellowship program/activities (e.g. for fellows who are visually or hearing impaired, have restrictions on their mobility, may require a personal assistant or assistance equipment, etc)?

**12. DECLARATION**

I declare that the above CV details are true and that I meet the eligibility criteria for the ALA Fellowships program.

NAME & SIGNATURE

DATE

**FOR AUSTRALIAN HOST ORGANISATION REPRESENTATIVE**

I declare that the above CV has been reviewed and that the nominated Fellow meets ALAF eligibility requirements.

NAME & SIGNATURE

DATE