



Open Polytechnic Graduate Diploma in Disability Sector Leadership
NZDSN Fees Free Positions Application Form

Applicant's Full Name _____

1. ELIGIBILITY CRITERIA

Employed by an NZDSN Member Organisation / NZDSN Individual member (highlight one)

Permanent staff member

- Full-time
Part-time

Name of organisation: _____

Position held in Organisation: _____

Length of tenure in your current role: _____

OR

Lived experience of disability (please provide an overview of your experience) _____

NB You may be asked to provide evidence that you meet the eligibility criteria.

2. CONTACT DETAILS

Postal Address: _____

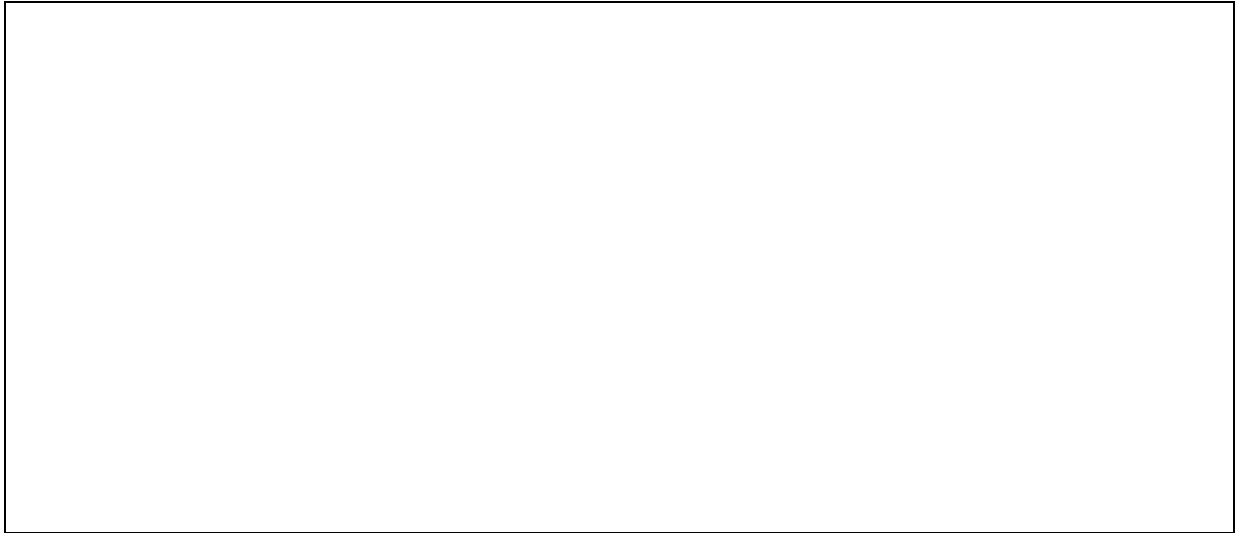
Telephone: _____ Email: _____

3. TELL US ABOUT YOURSELF

- a) Please provide an introduction of yourself that illustrates your work history in the disability sector (minimum 2 years) and/or your lived experience of disability.

- b) In up to 200 words, please explain the leadership contribution you expect to make in our sector, having successfully completed the Graduate Diploma in Disability Leadership. We invite you to demonstrate strong leadership and to be brave and courageous in your message. **Note:** that your contribution may be published on NZDSN's closed Facebook page for other sector leaders to view and comment.

- c) Provide evidence from the Open Polytechnic that you meet their academic entry criteria for the Graduate Diploma in Disability Sector Leadership.



- d) Provide evidence that your employer agrees to support you to undertake the course (eg by providing study time or other specified accommodations that will meet your needs for the duration of your Diploma study).



4. DECLARATION

I declare that all the information provided is true and correct to the best of my knowledge.

Signature of applicant: _____

Name of Manager: _____

Managers email address: _____

Signature of Manager: _____

NB If the applicant is the General Manager, please ensure that your Board Chair signs here.

Signature: _____ Date: _____

2 TO BE COMPLETED BY THE APPLICANT'S EMPLOYER

5.1 How do you intend to support the applicant to undertake the course?

- Allow study time
- Allow time to attend classes
- Providing accommodation and travel costs if applicable.

Name: _____

Signature: _____

Please return this application to:

NZDSN, email to admin@nzdsn.org.nz