**Global Women Activate Leaders Programme**

**APPLICATION FORM 2025**

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| **GLOBAL WOMEN**  **Who we are**  Global Women is a non-profit membership organisation with over 440 exceptional female members. We partner with influential people and forward-thinking brands to drive inclusion and diversity in leadership.  **Our Dream**  The best country to live, work and play in – a prosperous nation underpinned by diverse leadership.  **Our Purpose**  To encourage diversity in leadership in Aotearoa New Zealand through promoting, encouraging and facilitating the development of Aotearoa New Zealand women. | |
| **COMPLETED FORMS MUST BE SENT TO:** | Noah Whaiapu [noah.whaiapu@globalwomen..org.nz](mailto:noah.whaiapu@globalwomen..org.nz) |
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| **GLOBAL WOMEN ACTIVATE CRITERIA:** She is a valuable employee, recognised by her organisation as a high-potential individual, an effective leader and willing to succeed in her careerShe may actively contribute to her community/iwi, intellectually curious and willing to step outside her comfort zoneShe is able to challenge peers, yet also empathises with and supports them - is interested in supporting women to perform at their bestShe could be from a non-profit organisation or running her own businessShe could be transitioning back from parental leave or career break.She must be a citizen or permanent resident of New ZealandTHE TINDALL FOUNDATION – NOT-FOR-PROFIT/COMMUNITY SCHOLARSHIP CRITERIA:She MUST be from the Not for Profit or Community sectorShe is a valuable employee, recognised by her organisation as a high-potential individual, an effective leader and willing to succeed in her careerShe may actively contribute to her community/iwi ; is intellectually curious and willing to step outside her comfort zoneShe is able to challenge peers, yet also empathises with and supports them - is interested in supporting women to perform at their bestShe could be transitioning back from parental leave or career break.She must be a citizen or permanent resident of New Zealand. | |
| IMPORTANT INFORMATION:Full/partial programme fees include course materials, catering & graduationCost DOES NOT COVER TRAVEL and accommodation or any other associated costs for you to attend the programme. ***You must be able to attend all dates for your chosen programme location, alternative options might not be available*** | |

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| PLEASE HIGHLIGHT WHAT YOU WOULD LIKE TO APPLY FOR: | | | | | | | | | | | |
|  | THE TINDALL FOUNDATION - NOT FOR PROFIT/COMMUNITY – ACTIVATE SCHOLARSHIP (FULL)(Valued at $5,000 per scholarship, covers programme fees only, subject to approval by The Tindall Foundation) | | | | | | | | | | |
|  | THE TINDALL FOUNDATION - NOT FOR PROFIT/COMMUNITY – ACTIVATE SCHOLARSHIP (PARTIAL)(Valued at $5,000 per scholarship, covers programme fees only, subject to approval by The Tindall Foundation) | | | | | | | | | | |
|  | THE TINDALL FOUNDATION – MAORI /PACIFIC – ACTIVATE SCHOLARSHIP (FULL)(Valued at $5,000 per scholarship, covers programme fees only, subject to approval by The Tindall Foundation) | | | | | | | | | | |
|  | THE TINDALL FOUNDATION – MAORI /PACIFIC – ACTIVATE SCHOLARSHIP (PARTIAL) (Valued at $5,000 per scholarship, covers programme fees only, subject to approval by The Tindall Foundation) | | | | | | | | | | |
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| PLEASE HIGHLIGHT THE LOCATION YOU WOULD LIKE TO APPLY FOR: | | | | | | | | | | | |
|  | AUCKLAND #1 [March 17th, April 10th, May 8th, June 12th 2025] | | | | | | | | | | |
|  | AUCKLAND #2 [June 19th, July 23rd, August 14th, September 4th 2025] | | | | | | | | | | |
|  | WELLINGTON [April 9th, May 14th, June 17th, July 22nd 2025] | | | | | | | | | | |
|  | CHRISTCHURCH [ May 29th, June 26th , August 4th, September 22nd 2025] | | | | | | | | | | |
|  | VIRTUAL [March 26th, May 12th, June 16th, July 28th 2025] | | | | | | | | | | |
|  | HAMILTON [July 31st, September 15th, October 21st, November 10th 2025] | | | | | | | | | | |
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| PERSONAL INFORMATION: | | | | | | | | | | | |
| Full Name | | | Click here to enter text. | | | | | | | | |
| Ethincity: | | | Click here to enter text. | | | | | | | | |
| Iwi: | | | Click here to enter text. | | | | | | | | |
| Language(s) spoken: | | | Click here to enter text. | | | | | | | | |
| Date of Birth: | | | Click here to enter text. | | | | | | | | |
| Dietary requirements: | | | Click here to enter text. | | | | | | | | |
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| CONTACT DETAILS: | | | | | | | | | | | |
| Business Landline: | | | Click here to enter text. | | | | Mobile: | | | | Click here to enter text. |
| Business Email: | | | Click here to enter text. | | | | Personal Email: | | | | Click here to enter text. |
| Postal Address: | | | Click here to enter text. | | | | | | | | |
| PA Name: | | | Click here to enter text. | | | | PA Email: | | | | Click here to enter text. |
| PA DDI: | | | Click here to enter text. | | | | PA Mobile: | | | | Click here to enter text. |
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| ORGANISATION INFORMATION: | | | | | | | | | | | |
| Company/Organisation Name: | | | Click here to enter text. | | | | | | | | |
| Position/Title: | | | Click here to enter text. | | | | | | | | |
| Length of Employment: | | | Click here to enter text. | | | | | | | | |
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| Please tick which best describes your organisation: | | | | | | | | | | | |
|  | | Commercial | |  | Iwi | | | |  | Academic Institution | |
|  | | Government Agency | |  | Not For Profit/CommunityCharititable Trust/SocietyCharities Number: Click here to enter text.Registration Number: Click here to enter text. | | | |  | Other: Click here to enter text. | |
|  | |  | |  |  | | | |  |  | |
| Current Industry(s): | | | Click here to enter text. | | | Product/Services: | | Click here to enter text. | | | |
| # Direct Reports | | | Click here to enter text. | | | Total # Employees: | | Click here to enter text. | | | |

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| EMPLOYMENT HISTORY | | | |
| Name of Company #1 | | Title/Responsibility #1 | From (m/y) To (m/y) #1 |
| Click here to enter text. | | Click here to enter text. | Click here to enter text. |
| Name of Company #2 | | Title/Responsibility #2 | From (m/y) To (m/y) #2 |
| Click here to enter text. | | Click here to enter text. | Click here to enter text. |
| Out of all the roles above, which has been the most significant and why? | | | |
| Click here to enter text. | | | |
|  | | | |
| EDUCATION HISTORY | | | |
| Certification | | Academic Institution | Year |
| Click here to enter text. | | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | | Click here to enter text. | Click here to enter text. |
| If you’d like, please elaborate with comments: | | | |
| Click here to enter text. | | | |
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| ACTIVITIES/LEADERSHIP HISTORY | | | |
| Vocational/Professional | Click here to enter text. | | |
| Community Interests | Click here to enter text. | | |
| Extracurricular | Click here to enter text. | | |
| If you’d like, please elaborate with comments: | | | |
| Click here to enter text. | | | |
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| PERSONAL INSIGHTS | | | |
| 1. **Please describe your current responsibilities, including your level in the organisation.** | | | |
| Click here to enter text. | | | |
| 1. **Please describe your professional and personal goals within the ext 1-3 years ( family/whānau, relationships, career, contribution, leisure time, income)** | | | |
| Click here to enter text. | | | |
| 1. **What would you hope to gain and learn from the Activate Programme?** | | | |
| Click here to enter text. | | | |
| 1. **How will your participation on the Global Women Activate Leaders Programme benefit your organisation or company/community?** | | | |
| Click here to enter text. | | | |
| 1. **What do you believe you can contribute and offer to other participants in this programme (e.g. skills, expertise, perspectives, cultural)?** | | | |
| Click here to enter text. | | | |
| 1. **How has/is your culture and heritage shaped/shaping who you are as a leader?** | | | |
| Click here to enter text. | | | |
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| REFEREE INFORMATION | | | |
| Full Name: | Click here to enter text. | | |
| Position: | Click here to enter text. | | |
| Company/ Organisation Name: | Click here to enter text. | | |
| Postal Address: | Click here to enter text. | | |
| Phone: | Click here to enter text. | | |
| E-mail: | Click here to enter text. | | |
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| BILLING CONTACT DETAILS | | | |
| Full Name: | Click here to enter text. | | |
| Position: | Click here to enter text. | | |
| Company/ Organisation Name: | Click here to enter text. | | |
| Postal Address: | Click here to enter text. | | |
| Phone: | Click here to enter text. | | |
| E-mail: | Click here to enter text. | | |

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| I certify that all the information and accompanying material provided in connection with this application is genuine, true and accurate. | | | | |
| SIGNATURE OF APPLICANT | Click here to enter text. | DATE: | Click here to enter text. | |
|  |  |  |  | |
| I certify that all the information and accompanying material provided in connection with this application is genuine, true and accurate. | | | | |
| SIGNATURE OF REFEREE | Click here to enter text. | DATE: | | Click here to enter text. |