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**Application LDP9 [Intake 2023] Applications close Friday 21st October 2022**

Applications to be lodged with LEA office: [lea@lutheran.edu.au](mailto:lea@lutheran.edu.au)

Further information is available from Dianne Eckermann T:0490 888 770 E:[dianne.eckermann@lutheran.edu.au](mailto:dianne.eckermann@lutheran.edu.au)

1. **Personal information**

|  |  |
| --- | --- |
| **Name** |  |
| **School** |  |
| **School suburb** |  |
| **Present position** |  |
| **Current LEA accreditation status** |  |
| **Christian denomination**  (include links to church community) |  |
| **Email** (preferred) |  |
| **Telephone** (preferred) |  |

1. **Service in Lutheran schools**

Start with current appointment and work backwards (add rows as needed)

|  |  |  |  |
| --- | --- | --- | --- |
| **School name**  **(eg Hope College)** | **Location**  **(eg Paradise, NT)** | **Period of service**  **(eg 2010 – 2018)** | **Leadership positions**  **(eg CS Leaders 2020)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Service in schools other than Lutheran schools**

(In the last 10 years)

|  |  |  |  |
| --- | --- | --- | --- |
| **School name** | **Location** | **Period of service** | **Leadership positions** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Formal qualifications**

Start with most recent and work backwards (add rows as needed) If this includes a post graduate education/ leadership award, **please attach a copy of academic transcript that lists the title of units studied.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title of award** | **Name of Institution** | **Location** | **Year unit completed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Complete if you are currently enrolled in and studying a post graduate award**

(if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| **Title of award** | **Name of Institution** | **Location** | **Expected year of completion** |
|  |  |  |  |
| **Area of interest/study** |  | | |
| **List of completed units** |  | | |
| **Comment (if desired)** |  | | |

1. **Membership/involvement in professional associations**

(if relevant)

|  |  |
| --- | --- |
| **Name of association** | **Brief description of involvement and time period** |
|  |  |
|  |  |

1. **Professional development/learning**

List the professional development undertaken in the past two years.

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| --- | --- |
| **Title of PD activity** | **Year PD completed** |
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1. **Referees**

Please list name and contact details.

|  |  |
| --- | --- |
| **Professional referee:**  (someone other than the principal who can comment on the applicant's potential for leadership) |  |
| **Personal referee:**  (someone who understands the spiritual/theological aspect of leadership in Lutheran schools and can comment on the applicant’s potential to meet such criteria) |  |

1. **Personal statement to support your LDP application**

*Graphical user interface

Description automatically generated with medium confidence****Growing deep* capabilities**

‘How leaders do what they do’ reference p 10-33 of *Growing deep*

Please provide a brief summary (150 words in each box) of your strengths and areas for growth in relation to the four *Growing deep* capabilities that connect to your current role.

**You do not need to include all aspects of the four capabilities.**

*Please write approximately 150 words in each box*

|  |  |
| --- | --- |
| *Growing deep* capabilities | |
| **Growing oneself**   * Building self-awareness * Deepening faith * Learning and adapting * Living Positively |  |
| **Engaging the community**   * Modelling integrity * Listening and understanding * Building support * Networking and strategic relationships |  |
| **Leading the team**   * Creating purpose and clarity * Nurturing faith * Growing capacity * Inspiring excellence |  |
| **Focusing on outcomes**   * Searching for knowledge * Sharing for improvement * Thinking strategically * Making it happen |  |

Explain why you would like to participate in the Leadership Development Program

*Please write no more than 150 words*

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1. **My responsibilities as an LDP participant**

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| --- | --- |
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|  | I acknowledge that the system [school, regional, national levels] is allocating significant financial and time resources for me to be part of the program. |
|  | I make a commitment to participate fully and professionally in course work, workshops and other activities of the program. |
|  | I pay course fees and any material costs promptly. |
|  | I prayerfully consider and actively seek to serve in formal leadership positions where the needs arise. |

I have discussed this application with my principal. My principal has completed the confidential online [LDP selection – principal perspective form](https://forms.office.com/Pages/ResponsePage.aspx?id=Zsfq6tg1qUiYp2_PO7cNZDNfa5FaHEpMtxbtd4XqICBUMEpBSDNOR0ZMRzNBNEswRktJNkg3QzBJQSQlQCN0PWcu).

|  |  |
| --- | --- |
| Applicant signature: | Date: |
| Principal signature: | Date: |

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