



## SUPPLEMENTARY APPLICATION FORM FOR EDUCATIONAL LEADERSHIP PROGRAM APPLICANTS 2012

Please send this form to:

Postgraduate Coursework Administrator  
Department of Education  
Macquarie University NSW 2109

ARE YOU AN INTERNATIONAL STUDENT? Yes  No

ARE YOU APPLYING FOR THE ALEX MITCHELL SCHOLARSHIP? Yes  No

### COURSE TO WHICH YOU ARE SEEKING ADMISSION

Please tick the *course* in Educational Leadership for which you are applying and the *sector of specialisation*:

- Courses*
- Postgraduate Certificate in Educational Leadership  
 Postgraduate Diploma in Educational Leadership  
 Master of Educational Leadership

- Sectors of Specialisation*
- School Education  
 Early Childhood Education

UAC Reference Number \_\_\_\_\_

Family Name: \_\_\_\_\_ Former Name (if any) \_\_\_\_\_

Other Names (in full) \_\_\_\_\_

Name by which you prefer to be addressed: \_\_\_\_\_

Address for Correspondence: \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone (W) \_\_\_\_\_ Telephone (H) \_\_\_\_\_

Facsimile \_\_\_\_\_ email: \_\_\_\_\_

### PRESENT EMPLOYMENT

#### **Section A:**

Position held: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address of Organisation: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

Period of employment: \_\_\_\_\_

**Section B:**

Nature of current work and experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS EMPLOYMENT** (Please list the positions that you have held, citing the most recent first.)

Position	Organisation	From:	To:

**REFEREES**

Applicants are required to obtain reports from two (2) referees, each of whom should have direct knowledge of your work experience.

Please complete the personal details and the name of the Educational Leadership program for which you are applying on the Referee Report forms before sending them to your referees.

Referees are asked to return their reports directly to Postgraduate Coursework Administrator, Department of Education, Macquarie University NSW 2109.

**Please list the name, position, and address of each referee below:**

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_



## PRIVACY and PERSONAL INFORMATION PROTECTION ACT 1998

This Declaration is an essential part of your Application for Admission to the Postgraduate Program in Educational Leadership. Please complete and sign this Declaration.

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### DECLARATION:

I understand that by submitting my Application for Admission to the Postgraduate Program in Educational Leadership, the University is collecting personal information from me and that this is considered personal information for the purposes of the Privacy and Personal Information Protection Act 1998.

I understand that the purpose for collecting the information is to enable my request for enrolment to be considered, to plan the provision of educational courses, and that the intended recipients of this information are officers within the University, or any other body who may require the information for administration purposes, including agencies of the federal government.

I understand that while the supply of information is voluntary, if I cannot provide or do not wish to provide the information sought, the University may be unable to process my application.

I also consent to and authorise the University to collect, if necessary, personal information about me from the Universities Admissions Centre and/or other tertiary institutions to enable the processing of my application for admission.

Should my application for admission be successful, I hereby consent under section 26(2) of the Privacy and Personal Information Protection Act to the University not complying with section 10, which requires me to be notified when information about me is collected in any form, including e-mail, in relation to any and all matters relating to the routine administration of the unit/s in which I am enrolled.

This consent shall be valid for the duration of my term as a student or alumnus and will cease to operate when the University or Alumni Association receives written notification of revocation from me and the University or Alumni Association acknowledges such revocation by notice in writing to me.

Name: \_\_\_\_\_  
Please print your full name clearly

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DECLARATION AND SIGNATURE

I declare that the information submitted in this application is correct and complete. I understand that the University reserves the right to vary or reverse any decision made on the basis of incorrect or incomplete information. I understand that the information contained in this Application may be disclosed to the Employer Organisation and/or to the referees in circumstances when such a disclosure is deemed necessary or desirable by Macquarie University to further the Application.

Name

Signature

Date



# POSTGRADUATE PROGRAM IN EDUCATIONAL LEADERSHIP

## REFEREE'S REPORT

### 2012

Please return your report to:

Postgraduate Coursework Administrator  
Department of Education  
Macquarie University NSW 2109

#### CONFIDENTIAL

Name of Applicant \_\_\_\_\_  
*Family Name* *Other Names*

Name of Program to which the applicant is seeking admission: \_\_\_\_\_

#### NOTES FOR REFEREE:

The person named above has applied for admission to the postgraduate program in Educational Leadership at Macquarie University and has nominated you as a referee.

The purpose of this program is to provide participants with the opportunity to develop knowledge, abilities, attitudes and understandings which will constitute a foundation for their growth into competent and responsible educational leaders and managers in a variety of educational settings. It would assist the University if you would give your assessment of the applicant.

The questions posed below suggest the kind of information the University finds useful, but this form is provided for your convenience only and we would welcome your comments in whatever format you think suitable. **Any information that you provide will be considered strictly confidential.**

We are aware that we are asking for considerable time and effort on your part in completing this form. However, far more applications are received than there are places available and it is necessary to select carefully those applicants to be admitted. We want to assure you that your assistance in giving this appraisal is very helpful to us and greatly appreciated.

#### 1. How long have you known the applicant and in what connection have you known them?

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#### 2. For what kind of educational leadership position would you see the applicant being suited in the *medium and long terms*? (For example, would you see the applicant's future as a line manager (e.g., Head of Department or Director of a Child Care Centre), a chief executive officer (e.g., School Principal, or Head of Children's Services), an adviser (e.g., Curriculum Consultant) or a specialist (e.g., Literacy teacher)?

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**3. What are the applicant's outstanding strengths?** \_\_\_\_\_  
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 \_\_\_\_\_  
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**4. In what areas relevant to an educational leadership or management role do you feel that the applicant needs to develop?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. Do you have any reservations about the applicant undertaking a demanding program in respect to their: (a) aptitude for study, (b) motivation, (c) time?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. Please rate the applicant on the following characteristics (tick the appropriate box)**

	Excellent	V. Good	Good	Fair	Poor	Unknown
Drive to succeed						
Self confidence						
Interpersonal awareness						
Ability to work with others						
Ability to influence others						
Potential as an educational leader						

Name of Referee: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_