

# Black Leadership Initiative®

## Registration Form



The BLI® is the professional development service of the Network for Black Professionals

**Submission of a CV should be in addition to the completed application form. Applications should be returned to the Programme Co-ordinator, Black Leadership Initiative®, Room PA090, Wolverhampton Science Park, Glaisher Drive, Wolverhampton, West Midlands, WV10 9RU (email: enq@nbp.org.uk)**

### 1.0 Please tick which Programme(s) are of interest to you:

- Leadership and Management
- Secondment
- Mentoring and Coaching
- Work-shadowing\*
- Master Class
- Career Development Workshop
- Other (please specify) \_\_\_\_\_

*\*see Annex for Eligibility criteria for Ofsted shadowing programme*

### 2.0 Personal details

*(If you have previously registered, please enter your name, date of birth and postcode)*

Title (eg. Mr, Mrs, Miss, Ms, Dr.) \_\_\_\_\_  
Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Job Title \_\_\_\_\_

### Job Type:

- |                |                          |                              |                          |
|----------------|--------------------------|------------------------------|--------------------------|
| Senior Manager | <input type="checkbox"/> | Student rep                  | <input type="checkbox"/> |
| Middle Manager | <input type="checkbox"/> | Principal/CEO                | <input type="checkbox"/> |
| Junior Manager | <input type="checkbox"/> | Governor                     | <input type="checkbox"/> |
| Board member   | <input type="checkbox"/> | Other (please specify) _____ |                          |

### Employment Status:

- Full time  Part time   
Other (please specify) \_\_\_\_\_

**I agree that the Network may take photographs of me during events. I understand that such photographs may be used by the Network for publications, advertisement displays and in similar ways.**

Yes  No

**I confirm that I am over 17 years old:**

Yes  No

**Who should we contact in an emergency?**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Contact number(s)

Work \_\_\_\_\_

Mobile \_\_\_\_\_

### 3.0 About your organisation

Organisation Name \_\_\_\_\_

#### Organisation Address:

Street \_\_\_\_\_

Town/City \_\_\_\_\_

County \_\_\_\_\_ Postcode \_\_\_\_\_

#### Contact Number(s):

Work \_\_\_\_\_

Switchboard \_\_\_\_\_

Mobile \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Work \_\_\_\_\_

Personal \_\_\_\_\_

#### Region:

North West  East of England

Yorkshire & Humber  North East

East Midlands  West Midlands

South West  London

South East

#### Your organisation type:

Adult & Community Learning (ACL)

Independent Specialist College

Charitable/Voluntary/3<sup>rd</sup> Sector

Work-based learning (WBL)

Consortia

Sector Agency

FE College

Sixth Form College

Local Government

Civil Service

Secondary School

Primary School

Private Sector company

Other (please specify) \_\_\_\_\_

\_\_\_\_\_

#### References:

Please provide the names and addresses of two referees who can provide a confidential statement in connection with your application, one of whom should be your current line manager. In the case of all Work-Shadowing and Secondment applications, a reference from the CEO/Principal/Head teacher is required.

#### Referee 1:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel. No \_\_\_\_\_

Email Address \_\_\_\_\_

Job title of referee \_\_\_\_\_

Relationship to you \_\_\_\_\_

#### Referee 2:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel. No \_\_\_\_\_

Email Address \_\_\_\_\_

Job title of referee \_\_\_\_\_

Relationship to you \_\_\_\_\_

#### CEO/ Principal Authorisation:

**Only complete this section if you are interested in Work-Shadowing and/or Secondment opportunities**

The CEO/Principal/Head teacher should sign below indicating his/her agreement to release the named participant from their current role in the event that they are offered a Secondment or Shadowing opportunity as part of the Black Leadership Initiative® project. In the case of work-shadowing and secondment programmes, the CEO/Principal/Head teacher of the releasing organisation should also complete a confidential reference.

CEO/Principal/Head teacher \_\_\_\_\_

Organisation \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_









## 8.0 Payments / subsidy request

### Payment Authorisation:

Will your organisation/sponsor be responsible for any fees associated with this programme or event?

Yes  No

### Please indicate preferred method of payment:

Credit card  Cheque

Invoice (purchase order number) \_\_\_\_\_

### Payment contact if different from above:

Name \_\_\_\_\_

Contact Number \_\_\_\_\_

The BLI offers some programmes that attract a subsidy from LSIS for individuals working in organisations that are directly funded by the Learning and Skills Council (LSC).

### Is your organisation in receipt of LSC funding?

Yes  No

To qualify for a fee subsidy it is compulsory that you tick the appropriate category that you are applying for.

- 100% black and minority ethnic participants
- 100% disabled participants
- 100% lesbian, gay, bisexual or transgender
- 50% work-based learning providers
- 50% adult and community learning providers
- 25% independent specialist colleges and LSC funded colleges catering wholly for young adults with special educational needs

### Approving Manager:

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Tel \_\_\_\_\_

## 9.0 Equality and Diversity

We are committed to supporting equality of opportunity and work towards ensuring that everyone has access to all our products and services. Please help us to monitor the effectiveness of our equality and diversity work by answering the questions below.

### Ethnic Background:

#### A) Black or Black British

Caribbean

African

Other Black Background

#### B) Dual Heritage

White & Black Caribbean

White & Black African

White & Asian

Other Dual Heritage Background

#### C) Asian or Asian British

Indian

Pakistani

Bangladeshi

Other Asian background

#### D) Chinese / other

Other Ethnic Background

Chinese

#### E) White

British

Irish

Any Other White Background

### Gender:

Male  Female  Prefer not to say

**Disability:**

\* The Disability Discrimination Act 1995 defines a person as having a disability if he/she 'has a long term physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities'.

**Do you consider yourself to have a disability?**

Yes  No  Prefer not to say

**If yes, please indicate if your disability is:**

Physical  Sensory

**If comfortable, please state your type of disability:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you require special arrangement for your disability?**

Yes  No

**Your requirement(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sexual Orientation:**

Lesbian/gay  Heterosexual   
Bisexual  Other   
Prefer not to say

**Religion or belief:**

Christian  Sikh  Muslim   
Hindu  Buddhist  Jewish   
Jewish  None  Other   
Prefer not to say

**10.0 Data Protection**

We adhere to the Data Protection Act 1998 and we are committed to protecting your right to privacy as a consumer of our service. Some of the information you provide will be maintained by the NBP and may be shared with our funders including LSIS and Government Departments only as aggregate data to be used for monitoring purposes. No personal data will be disclosed.

The Network may also contact you by post from time to time with news and information on NBP products and services, unless you advise us NOT to do so by ticking this opt-out box

**Declaration by applicant:**

I declare that all the information contained in this form is complete and correct.

Signature \_\_\_\_\_

**Please tell us how you became aware of the Network for Black Professionals/BLI®:**

Colleague  Friend   
Employer  ACM   
UCU  Email Contact   
Mailing  Website   
AoC  Media   
Existing member

Please state \_\_\_\_\_

Other

Please state \_\_\_\_\_



## Annex

### Inspection Shadowing Programme for the Black Leadership Initiative® (BLI®)

Criteria for selection of mentees to pilot shadowing programme:

1. Employing college is willing to release for one week
2. Employing college principal provides a reference to the effect that, in their view, the employee is likely to benefit from the programme, is professional in demeanour and can be trusted to respect the confidentiality of the inspection
3. Is at a point of Career Development where the opportunity to visit a college inspection will be beneficial in terms of likely next steps (eg into a management or other promoted position, or applying to become an OFSTED part-time inspector when the opportunity arises)
4. Is able to articulate in their application the perceived benefits to their career development of shadowing an inspection
5. Is willing to participate fully in the type of programme outlined in the briefing session, as guided by the host HMI and reporting (i.e. lead) inspector
6. Application is supported by the BLI® as relevant to the aims of the BLI® project.

*An attempt is being made to reduce correspondence wherever possible. It is hoped that you will not think it discourteous if your reply is not acknowledged. Your help in providing this reference will be much appreciated.*

**Thank you for completing this application form. Please print and send to:**

Programme Co-ordinator  
Black Leadership Initiative®  
Room PA090  
Wolverhampton Science Park  
Glaisher Drive  
Wolverhampton  
WV10 9RU



Wolverhampton Science Park, Glaisher Drive, Wolverhampton, West Midlands. WV10 9RU