

# Comptrollership Leadership Development Program

## APPLICATION FORM

### APPLICANT INFORMATION

LAST NAME	FIRST NAME	INITIAL
DEPT. / ORG.	E-MAIL ADDRESS	TELEPHONE
STREET ADDRESS	PROVINCE	UNIT
CITY	POSTAL CODE	

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### EDUCATION

INSTITUTION	DEGREE	YEAR
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INSTITUTION	DEGREE	YEAR
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RELEVANT PROFESSIONAL ACCREDITATIONS AND EDUCATION:

## **SPONSOR**

FULL NAME

RELATIONSHIP

PHONE

E-MAIL

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To which community do you belong?

## **CURRENT EMPLOYMENT**

EMPLOYER

POSITION TITLE

POSITION LEVEL

SUPERVISOR

IS YOUR EMPLOYER SPONSORING YOUR PARTICIPATION IN THIS PROGRAM?

YES

NO

WHAT IS YOUR SECOND LANGUAGE LINGUISTIC PROFILE (e.g.: C/B/C) :

YOUR LANGUAGE PREFERENCE:

## **OPTIONAL QUESTIONS**

THE EXPRESSION «ABORIGINAL PEOPLES» REFERS TO PERSONS WHO IDENTIFY THEMSELVES AS STATUS INDIANS, NON-STATUS INDIANS, METIS OR INUIT. DOES THIS DEFINITION APPLY TO YOU?

YES

NO

PREFER NOT TO RESPOND

THE GOVERNMENT OF CANADA DEFINES VISIBLE MINORITIES AS “THOSE PERSONS, OTHER THAN ABORIGINAL PEOPLES, WHO ARE NON-CAUCASIAN IN RACE OR NON-WHITE IN COLOUR”. DOES THIS DEFINITION APPLY TO YOU?

YES

NO

PREFER NOT TO RESPOND

ACCORDING TO THE ONTARIO HUMAN RIGHTS CODE, PERSONS WITH DISABILITIES INCLUDE THOSE WHO IDENTIFY THEMSELVES AS BEING DISADVANTAGED BECAUSE OF ANY PERSISTENT MOBILITY IMPAIRMENT, VISUAL IMPAIRMENT, HEARING IMPAIRMENT, LEARNING DISABILITY, PSYCHIATRIC DISABILITY OR OTHER MEDICAL DISABILITY. DOES THIS DEFINITION APPLY TO YOU?

YES

NO

PREFER NOT TO RESPOND

WHAT IS YOUR GENDER IDENTITY?

Man

Woman

Non-Binary

Other

PREFER NOT TO RESPOND

***Please add your resume and a letter of recommendation from your sponsor***

**Applications can be emailed to [PDInstitute@uOttawa.ca](mailto:PDInstitute@uOttawa.ca) or sent by mail to 55, avenue Laurier East, 12th floor, Ottawa, ON, K1N 6N5.**

**Questions? Please contact us at 613-562-5802.**