

# 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:

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

**Applications can be emailed to [continue@uOttawa.ca](mailto:continue@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.**