

Digital Leadership Application Form

Please carefully complete all sections.

Step One – Company Details

| | |
|--|---|
| Company Name: | |
| Company Address: (Including postcode) | |
| Company Telephone No: | |
| Company Size: (number of employees) | 1-10 11-50 51-100 101-250 251 plus |

Step Two – Applicant Details

| | |
|---------------------------|--|
| First Name: | |
| Surname: | |
| Your role in the Company: | |
| Tel Number: | |
| Email address: | |

Preferred contact method Telephone Text/SMS Email

Step Three – Engagement

We would welcome your engagement and feedback on this course. If you answer yes to any of these questions, then one of our course tutors will be in touch.

| | |
|---|--------------------------|
| Are you happy with the agenda for the Digital Leadership course? Do you have suggestions on how it could be improved by modifying or appending the content? | <input type="checkbox"/> |
| During the course, we will refer to Case Studies to exemplify and reinforce topics. Are you willing to engage in an interview on the subject of a project or situation which you feel worthy of study? This can be anonymised if preferred. | <input type="checkbox"/> |
| Would you be willing to assist our research by undertaking a short interview with one of our researchers? The interview will take approximately 15-20 minutes and your participation would be extremely helpful and greatly appreciated. | <input type="checkbox"/> |

Step Four – Declaration

The Training Provider recognises that information gathered during the application and delivery of the course may consist of sensitive personal data and by signing below you explicitly give consent to the Training Provider and its sub-contractors to collect, hold, and otherwise process this data in a way that does not unjustifiably prejudice your or others interests. The Training Provider will process this data only for legitimate reasons associated with the delivery of this course and for statistical use.

In signing this form, I confirm that the information provided is correct to the best of my knowledge, and I give the Training Provider permission to process this information as described above.

Signature:

Full Name:

Date:

Please submit your completed form to license@whitefrog.co and we will enrol you onto the course.