

**New Manager Development Program**

Application for the New Manager Development Program with Granite State College

Effective date: September, 2018

Date of Submission:

|  |
| --- |
| Applicant Information |
| Name of Applicant | Company Name | Address |
| *Write here* |  *Write here* | *Write here* |
| Title/Position | Email | Phone |
| *Write here* | *Write here* | *Write here* |
| Start Date at this Company | Years in Current Position | Years of Management Experience |
| *Write here* | *Write here* | *Write here* |
| Manager’s Name | Manager’s Title |
| *Write here* | *Write here* |
| Manager’s Phone | Manager’s Email |
|  | *Write here* |
| In a few sentences, can you please describe the reasons you think this training will benefit you? |
| *Write here* |
| Please describe 3 management skills you would like to have improved as a result of completing this program. |
| *Write here* |
| Manager Approval | Applicant Agreement |
| *Please note, once signed and approved by Network4Health, a completed copy will be emailed back to the applicant and manager.* |
| By typing my name below, I am recommending this employee to participate in the New Manager Development program. I understand that the commitment for completion of this program will be for the employee to be in a classroom for 1 day per month for 3 months, as well as 2 hours of independent work per week. Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | By typing my name below, I am agreeing to participate fully in the New Manager Development program. I understand that the commitment for completion of this program will be to attend classroom sessions for 1 day per month for 3 months, as well as complete 2 hours of independent work per week. Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *For Network4Health Use Only:* |
| Date Received: | Approved?\_\_\_\_Yes \_\_\_\_No |
| Comments: |
|  |
| Signed and Date: |
|  |