

**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: | | | |
|  | | | |