

## **The Social Enterprises CEO Leadership Program Participant Application Form**

Thank you for your interest in The Social Enterprises CEO Leadership Program. This form is to be completed by individuals who have been nominated for the program. Please provide detailed and accurate information.

Candidates are required to submit the documents listed below to AFWAG, by email, to [info@afwag.org](mailto:info@afwag.org) This is a strict deadline.

1. Completed application form
2. Curriculum Vitae
3. Letter of recommendation (less than 1 page) from someone who knows you well to support your application. This should not be the same person who nominated you as a candidate.

### **Application Form**

Candidates are required to complete the Personal Information section. All information submitted will be confidential and only passed to those involved in the selection process. Please do not exceed the maximum number of words requested in the questions. Responses in excess of the word limit will be penalised

### **Personal Information**

- Full Name: \_\_\_\_\_
- Preferred Name (if any): \_\_\_\_\_
- Date of Birth (DD/MM/YYYY): \_\_\_\_\_
- Gender: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- LinkedIn Profile (if available): \_\_\_\_\_
- Address:

- Country

**Social Enterprise Information:**

- Name of Social Enterprise: \_\_\_\_\_
- Your Position/Title: \_\_\_\_\_
- Social Enterprise Website (if available): \_\_\_\_\_
- Years of Involvement with the Social Enterprise: \_\_\_\_\_
- Brief Description of Social Enterprise and how it advances issues affecting women and girls in Africa (Max. 300 words):

**Please respond to each of the questions below**

1. List any other Leadership Programmes you have attended, or Fellowship/Scholarship you have been awarded and the years involved. What additional benefit do you think the AFWAG Leadership Program offer over and above what you have already gained from these programmes? (Max 200 words to describe the extra benefit)
2. Please provide a personal statement describing your motivations for participating in The Social Enterprises CEO Leadership Program, your career goals, and how you hope to contribute to social impact through your leadership. (Max. 500 words)
3. Describe your most rewarding leadership Experience to date?
4. Describe your most difficult experience as a Leader, and what you learnt from that experience?
5. This is a very intensive and intimate programme with long hours of work during the workshops. Intimate, here, refers to the sharing of details of your life with your peers and a Psychologist who works with the Associates in helping them develop their self-awareness. It is, therefore, important to be able to receive feedback as a basis for your growth and development. Please advise if there are any factors which may inhibit your participation or commitment to tasks on such an intensive and intimate programme.
6. This leadership initiative is a development opportunity. What aspects of your leadership or personal capabilities do you think need to be improved, and why? (Max 200 words)

7. What are your expectations from The Social Enterprises CEO Leadership Program? (Max. 250 words):
  
8. YOUR ANSWER TO THIS QUESTION WILL HAVE NO INFLUENCE WHATSOEVER ON WHETHER YOU WILL BE SELECTED FOR THE FELLOWSHIP OR NOT The Fellowship does not normally pay for your flights to attend the two in person events, but we do not wish to exclude individuals who cannot afford the airfares. Such individuals can make a request to the Institute to pay their airfares, or part of them. Would you be making such a request?
  
9. **Commitment and Expectations.** Are you able to commit to the full duration of the program? (Yes/No): \_\_\_\_

### **Expectations**

The short-listed candidates may be required to provide further information prior to final selection, including verifications. Some candidates may undergo a zoom interview

### **References:**

Please provide the contact information for two references who can speak to your qualifications and suitability for this program.

Name: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Declaration by Applicant:

I hereby declare that all the information provided in this application form is true and accurate to the best of my knowledge. I understand that any false or misleading information can result in the disqualification of my application.

- Name: \_\_\_\_\_
- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

---

Please submit the completed form by [Insert deadline date] to [info@afwag.org](mailto:info@afwag.org) . If you have any queries regarding the application process, please contact [Insert contact information].