

Growing Almond Leaders Program

Applicant Details Form

Is someone nominating you for the program? The person nominating you will need to provide a brief letter outlining that they wish to nominate you for the program and their reasons for doing so.

Yes

- Nominator Name
- Nominator Phone Number
- Nominator Email
- Upload letter of nomination

No

Applicant Name

Mobile Number

Work Number

Email

Residential Address

Is your postal address the same as your residential address?

- Yes
 - Postal Address
- No

How did you hear about the Growing Almond Leaders Program?

- Internet search
- Social media
- Employer
- Word of mouth
- Industry news
- I was shoulder tapped and/or a program graduate recommended it
- Other, please specify.

About your employment

Job Title

Organisation Name

Does your Employer support your application?

If your application is successful, you will be asked to provide a letter of support from your employer.

How does this role contribute to the Almond Industry and associated value chain?

How long have you been involved in the Almond Industry?

- < 12 months
- 1-5 years
- 6-10 years
- 11- 15 years
- > 15 years

What sectors of the industry have you been involved in?

- Farm Advisory services (e.g. agronomist)
- Grower/Producer
- Industry body (grower representative group)
- Input supplier (seeds, fertiliser, other inputs)

- Marketing
- Post harvest handling (e.g. grading, packing, storage)
- Processing
- Researcher
- Transport + / or logistics
- Value Chain Consultant/Advisor
- Wholesaler/Retailer
- Other (please specify)

Briefly describe any leadership action you are taking and contributions you are making in your work or community.

Have you completed any leadership/industry programs or further learning/training opportunities in the last 3 years?

- Yes
 - Please provide details of these opportunities.
- No

Why are you applying for the Growing Almond Leaders program?

What leadership impact would you like to have in the Almond Industry?

Approx 200-600 words

Do you commit to attending and participating in all activities as needed to successfully complete the program?

- Yes
- No

Is there anything you would like to share with us that may impact your ability to participate or engage in the program at times?

- Yes
 - Please provide details you are comfortable sharing with us so that we can better support your participation.
- No

Please provide a short 200-word biography and headshot.

Attach your CV/Resume

Referee

To support your application, the GALB requires you to provide the contact details for one referee. Ideally this will be a professional referee. Please ensure you have asked their permission prior to submitting this application as the GALP will contact them directly.

Yes, I have obtained permission.

Referee Name

Referee's Email

Referee's Phone number

Referee's Organisation

Relationship to Applicant