

# VINCENT FAIRFAX FELLOWSHIP

## APPLICATION FORM

For any enquiries about the application process, please contact our  
Program Manager, Brittany Pullen  
E: [brittany@cranlana.org.au](mailto:brittany@cranlana.org.au) Ph: (03) 9827 2660

### PERSONAL INFORMATION

---

TITLE: .....

FIRST/GIVEN NAME: ..... MIDDLE INITIAL: .....

PREFERRED NAME: .....

LAST/FAMILY NAME: .....

AWARDS: .....

### ADDRESS

---

EMAIL ADDRESS:  
(Will be used for all program communications) .....

HOME ADDRESS: .....

CITY: .....

STATE: ..... POSTCODE: .....

MOBILE PHONE: .....

WORK PHONE: .....

EMERGENCY CONTACT NAME: .....

RELATIONSHIP TO APPLICANT: .....

EMERGENCY CONTACT PHONE: .....



## EDUCATION

---

INSTITUTION: .....

DEGREE: .....

YEAR GRANTED DEGREE: .....

INSTITUTION: .....

DEGREE: .....

YEAR GRANTED DEGREE: .....

PROFESSIONAL /  
EXECUTIVE EDUCATION: .....

INSTITUTION: .....

PROGRAM: ..... YEAR: .....

## PROFESSIONAL INFORMATION

---

JOB TITLE: .....

COMPANY / ORGANISATION: .....

BUSINESS ADDRESS: .....

CITY: .....

STATE: ..... POSTCODE: .....

NUMBER OF DIRECT REPORTS: ..... NUMBER OF INDIRECT REPORTS: .....

NAME OF PERSON TO WHOM YOU REPORT: .....

JOB TITLE OF PERSON TO WHOM YOU REPORT: .....

EMAIL ADDRESS OF PERSON TO WHOM YOU REPORT: .....

Please answer the following questions on a separate sheet. Please provide up to 250 words for each your response so that the selection panel has a clear sense of your goals.

1. Tell us about your current role and responsibilities
2. Why are you interested in undertaking the Vincent Fairfax Fellowship?
3. What difference do you believe that participating in the Vincent Fairfax Fellowship will make to you and your organisation?
4. What is your understanding of ethical leadership?

## **CURRICULUM VITAE**

---

Please include a copy of your current CV when you submit this application.

## **LEARNING AND DEVELOPMENT CONTACT**

---

CONTACT TITLE: .....

NAME - FIRST/GIVEN: ..... MIDDLE INITIAL: .....

LAST/FAMILY NAME: .....

JOB TITLE: .....

COMPANY / ORGANISATION: .....

BUSINESS ADDRESS: .....

CITY: .....

STATE: ..... POSTCODE: .....

BUSINESS PHONE: .....

## REFEREE DETAILS

---

Please provide details of two referees, one from within and one from outside your organisation:

### ORGANISATIONAL REFEREE

NAME - Dr / Mr. / Ms. / Mrs.

-----

FIRST/GIVEN NAME:

-----

LAST/FAMILY NAME:

-----

JOB TITLE:

-----

EMAIL ADDRESS:

-----

BUSINESS PHONE:

-----

### EXTERNAL REFEREE

NAME - Dr / Mr. / Ms. / Mrs.

-----

FIRST/GIVEN NAME:

-----

LAST/FAMILY NAME:

-----

JOB TITLE:

-----

EMAIL ADDRESS:

-----

BUSINESS PHONE:

-----



## BILLING INFORMATION

---

You will receive an invoice for the tuition fee if you are accepted into the program.

PLEASE INDICATE THE ADDRESS TO WHICH THE INVOICE SHOULD BE DIRECTED IF YOU ARE ACCEPTED INTO THE PROGRAM.

YOUR BUSINESS ADDRESS: .....

CORPORATE HR/PROFESSIONAL DEVELOPMENT ADDRESS: .....

OTHER (please complete information below):

TITLE - Dr / Mr. / Ms. / Mrs. .... FIRST/GIVEN NAME: .....

MIDDLE INITIAL: ..... LAST/FAMILY NAME: .....

JOB TITLE: .....

COMPANY / ORGANISATION .....

EMAIL ADDRESS: .....

ADDRESS: .....

CITY: .....

STATE: ..... POSTCODE: .....

BUSINESS PHONE: .....

Please email your completed application to [admin@cranlana.org.au](mailto:admin@cranlana.org.au)