



APPLICATION FORM

FILL IN COMPLETELY – DO NOT ATTACH RESUMES OR OTHER PAGES!

Note: Your name and employment data will NOT be reviewed by the Planning Committee during evaluation of applications. Please do not identify yourself in response to questions.

NAME: _____

HOME ADDRESS: _____

P.O. BOX: _____ KY CODE: _____ HOME PHONE: _____ CELL PHONE: _____

EMPLOYER: _____

BUSINESS ADDRESS: _____

P.O. BOX: _____ KY CODE: _____ BUSINESS PHONE: _____ FAX: _____

EMAIL ADDRESS: (BUSINESS) _____ (PERSONAL) _____

OCCUPATION: _____ TITLE: _____

COMMITMENT OF APPLICANT: Leadership Cayman requires a major time commitment from participants, including several half-day and full-day programmes. I realise that I must attend the Opening Retreat and 9 of the 11 seminars in order to graduate. If selected, I am willing to make such a time commitment. In addition, I understand that all programmes and speakers' comments are considered confidential and photos taken are the property of the Cayman Islands Chamber of Commerce for marketing and promotional purposes. I agree to the selection process and acknowledge that I am at least 25 years of age.

Signature: _____ **Date:** _____

COMMITMENT OF EMPLOYER: Applicants of Leadership Cayman must have the support and commitment of their business or organisation. The signature of the applicant's supervisor is necessary as an indication of this support.

_____ *has my full support for the time and personal commitment required to participate successfully in Leadership Cayman.*

Employer's Signature: _____ **Title:** _____

Employer's Phone: _____ **Email Address:** _____

My tuition will be paid by (please check one): Self _____ Employer: _____ Other: _____

Resident or Employed in the Cayman Islands since: _____



Education/Training: High School Degree, *Bachelor's Degree, *Master's Degree (*specify areas of concentration)

INVOLVEMENT: Please list in order of importance to you, the organisations in which you have been involved during the past few years and your leadership roles. To the right of each, indicate the time you currently devote to that organisation each month.

BUSINESS & PROFESSIONAL:

COMMUNITY (civic, religious, social, political, athletic, etc.):

What skills or assets would you bring to the class as a participant in Leadership Cayman (max 250 words)?

Describe a significant contribution you have made to a community organisation/activity (max 250 words):



What change(s) would you implement to positively impact the future of our community (max 600 words)?

How did you become aware of this programme? Chamber _____ Media _____ Other _____

Did you attend a Leadership Cayman orientation session: Yes _____ No _____

My application fee of CI\$75, a copy of my passport photo page and immigration stamp are enclosed: Yes _____ No _____

PLEASE PRINT, SIGN, AND MAIL OR DELIVER APPLICATION TO:

**Cayman Islands Chamber of Commerce
Leadership Cayman
Attn: Programmes
Unit 4-107, Governors Square, West Bay road
P.O. Box 1000, Grand Cayman KY1-1102**

For further questions, you may contact the Chamber at (345) 949 8090 or email programmes@caymanchamber.ky

***Applications must be postmarked by Friday, November 27, 2020. If your application will be delivered to the Chamber Office, it must be received no later than 1:00 pm on November 27, 2020. Applications not timely postmarked or delivered will not be considered.**