

# REGISTRATION FORM

Thank you for your interest in the Mayfield Governance Development Programme. Please complete all parts of this form to register for the programme, including the declaration on the second page and return to Jo Woolley at jo@mayfieldgroup.co.nz.

## MEMBERSHIP INFORMATION

Are you a member or shareholder of a cooperative with Cooperative Business New Zealand?

YES

NO

If yes, please state which one(s)

  

## APPLICANT INFORMATION

Full name:

  
FIRST NAME LAST NAME

Gender:

Address:

  
STREET ADDRESS  
CITY POST CODE

Mobile Phone:

Email:

Date of birth:

 /  /   
DD MM YY

Ethnicity:

## GOVERNANCE EXPERIENCE

Do you currently hold or have held, any governance positions?

YES

NO

If yes, please list these.

CONSIDER SCHOOL BOT'S, ADVISORY COMMITTEES, SPORTS COMMITTEES ETC.

Do you aspire to be on any specific boards? If so, please list these.

## PERSONAL DEVELOPMENT

Have you undertaken any recent personal development in governance or leadership?

YES  NO

If yes, please list these.

THESE MIGHT INCLUDE IOD COURSES, KELLOGG'S, AWDT PROGRAMMES

  
  

Have you applied for Regional Business Partner funding? Provide any additional comments on your progress.

YES  NO

  

INVOICING

Complete the below to indicate **who** should be invoiced, their **portion** and the invoicing **addresses** for your programme fee.

COMPANY NAME	COMPANY ADDRESS	AMOUNT
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

TOTAL: \$

## DISCLAIMERS AND SIGNATURE

I understand that in signing this form, I agree to make myself available for all aspects of the programme and that all modules must be actively participated in, to complete the programme. I consent to the use of my image taken during the workshop(s) for use in marketing and promotional purposes.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE