|  |  |
| --- | --- |
| **YOUR**  **COMPANY**  **LOGO** | **[COMPANY NAME]** Address, CITY ST ZIP Code | Phone | Email | Website | Social  **Employee Profile**  Note: This information will be shared with organizations participating agency immersive development programs |

Employee Details

|  |  |  |  |
| --- | --- | --- | --- |
| Given Name |  | Position Title |  |
| Sur Name |  | Employment# |  |
| Email |  | Employment Period |  |
| Contact |  | Division |  |
| Work [Phone] |  | Branch |  |
| Work Position |  | Manager Name |  |

| Career accomplishments |  |
| --- | --- |
| Write any of your career accomplishment(s) |  |
|  | |
|  | |
|  | |
| job experties |  |
|  | |
|  | |
|  | |
| specific leadership practices, business skills |  |
|  | |
|  | |
|  | |
| development focus area |  |
|  | |
|  | |
|  | |
| development activities |  |
| Step into an existing organizational role with own or other organization | Choose an item. |
| Contribute to and/or lead a project | Choose an item. |
| Shadow senior leader/s and frontline staff |  |
| Preferred length of immersion – indicate 3, 6 or 12 months or another period. | Choose an item. |
| Availability – When will you be available to begin? | Choose an item. |
| Location – Do you have any restrictions relating to activities away from your home location (e.g. must be based in Canberra, etc.) | Choose an item. |
| Optional Notes  [Comments] |  |