Evolving Leadership Programme 2025 / 26

Application Form

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| **Applicant Information** | |
| **First Name:** |  |
| **Surname:** |  |
| **CII PIN:** |  |
| **Area of Work:** |  |
| **Current Position:** |  |
| **Company Name :** |  |
| **Company Address:** |  |
| **Postcode:** |  |
| **Work No/Mobile:** |  |
| **Email:** |  |
| **Qualifications, including CII subjects studied to date and other leadership courses that you have already taken part in.** |  |
| **Brief career history (no more than 100 words):** |  |

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| **What have been the biggest challenges you have faced in team management/leadership so far and how do you hope that this programme will assist you moving forwards? Please include details of why you think you should be considered for the course.** |
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| **What support do you have from your line manager and company.**  If you have limited support please outline how are you going to manage this situation to ensure you can attend the course and complete the work within the necessary timescales? |
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Applicants to the programme agree that the IIL can contact them with details of events that they believe could be of interest to them and to send them surveys related to the programme. Successful applicants' details and photographs taken at events may be used in press releases and other media by the IIL and the Chartered Insurance Institute.

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| **I declare that the contents of this declaration form are true to the best of my knowledge** | | | |
| **Applicant’s Signature:** |  | **Date:** |  |
| **Line Manager’s Signature:** |  | **Date:** |  |
| **Line Manager's Name:** |  | | |
| **Line Manager’s Role:** |  | | |

**The closing date for applications is 5pm on Thursday 31st July 2025**