



Leadership at the Peak Application

*Responses are mandatory for all questions.

You can also complete your application online at: www.ccl.org/

Applicant Information

First Name:

Last Name:

Job Title:

Organization:

Work Address:

Federal Govt. Agency
or Contractor:

(No PO Boxes):

City:

Country:

Zip/Postal Code:

State/Province:

Work Phone:

Email:

Assistant Information

Full Name:

Email:

Work Phone:

Title of person to whom you report (if applicable):

Total number of employees in your organization:

Budget that you manage:

How many individuals directly and indirectly report to you?:

Questions continue on next page.

Describe key past & present accomplishments (e.g., Start-up of business, mergers, etc.):

Explain in detail what you hope to gain by attending this program?:

How did you learn about this program?:

Date of program for which you wish to apply: 1st choice: _____ 2nd Choice: _____

Best times and days to contact the applicant:

HR Contact Information

To help CCL support your organizational leadership needs, please provide the contact information of your training and leadership development manager:

Full Name: _____ Email: _____

Phone: _____

Please return this form along with a copy of your resume/CV and org chart to:

Center for Creative Leadership

Attn: Client Services

One Leadership Place

Greensboro, NC 27410-9427

Phone +1 336 545 2810 | Fax +1 336 282 3284

info@ccl.org

Client Services will contact you within 2-3 business days of receipt of your application.