***This form, or an equivalent form from your organisation containing this information, must be completed, signed and uploaded as part of the PSMP application process.***

*If you are completing this form electronically, you can click on the* ‘🞏’ *boxes to mark your choice. If you are completing by hand, please cross the appropriate box.*

**Please complete ALL details**.

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| **Applicant details** | | | | | |
| **Title** | Mr | Ms | Miss | Mrs | Dr |
| **Family Name** |  | | **Given Name/s** |  | |
| **Preferred Name** |  | | **Gender** | M  F  Prefer not to specify | |
| **Position Job Title** |  | | | | |
| **Position Grade** |  | | | | |
| **Agency/Department Name** |  | | | | |
| **Agency/Department Division** |  | | | | |

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| **QUT Standard Entry Requirements** | |
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| Undergraduate Degree (Grade Point Average 4.5/7)1 |  |
| *OR* Masters Degree |  |
| *OR* PhD |  |
| *AND* |  |
| Has a minimum of 3 years full-time work experience, consisting of 2 years minimum relevant professional work experience and 1 year minimum supervisory/management experience 2 3 |  |

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| ***OR* QUT Alternate Entry Requirements** | |
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| Has a minimum of 7 years work experience, consisting of 6 years minimum equivalent professional work experience and 1 year minimum supervisory/management experience 2 3 |  |

NOTE 1 - On the QUT 7 Point Scale this is equivalent to 57% or higher. Refer to [QUT Grading Scale](https://www.student.qut.edu.au/studying/graduating/official-documents-and-qualifications/qualifications/grading-scales) for equivalence.

NOTE 2 - Professional experience is any work experience including public sector and non-public sector.

NOTE 3 - Supervisory experience is experience either supervising staff or managing complex groups of stakeholders.

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| **Applicant Motivation** |

**To be completed by the applicant.**

Write a 100-120-word motivational statement about how the PSM Program can professionally benefit you and your organisation. This statement will describe your level of motivation to successfully complete the PSM Program.

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| **Supervisor/ Sponsor Assessment** |

**To be completed by the applicant’s supervisor.**

When comparing the applicant with others of the same organisational level, how would you rate the candidate?

Please measure the applicant against the following categories. For each category, please select top, middle or bottom. For your guidance, QUT anticipates that those in the top and middle of most categories meet this part of the entry criteria to this postgraduate program.

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| **Suitability Category** | **Top**  **33%** | **Middle 33%** | **Bottom 33%** |
| Identifies and critically analyses trends and influences on organisational strategy and work situations |  |  |  |
| Gathers and investigates information from a variety of sources and uses judgement to critically analyse what information is important |  |  |  |
| Thinks laterally to generate and evaluate solutions to complex problems and identifies improved work practices |  |  |  |
| Operates collaboratively, making positive contributions, as an effective team member |  |  |  |
| Communicates clearly selecting key points using language appropriate for the audience both orally and in writing |  |  |  |

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| **Supervisor/ Sponsor Declaration** |

**To be completed by the applicant’s supervisor.**

I, the applicant’s supervisor, endorse this nomination and agree to support the applicant’s participation in the Public Sector Management Program, in particular through:

* Ensuring time release from the workplace for the applicant to attend workshops and, to the extent that it is feasible, allow time for study and assignment work.
* Providing guidance to the student throughout the program.
* Assisting in the definition of the work based project and supporting the applicant to complete the project.
* Post PSM program, participate in a supervisor survey regarding transfer of learning to the workplace as a result of the program. (Survey participants will be anonymous).

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| **Supervisor/Sponsor Details:** | | | | | |
|  | | | | | |
| **Title** | | Mr | Ms | Miss | Mrs | Dr |
| **Family Name** | |  | | **Given Name** |  | |
| **Position Title** | |  | | | | |
| **Agency/Department** | |  | | | | |
| **State/Territory** | |  | | | | |
| **Work Phone** | |  | | | | |
| **Email Address** | |  | | | | |

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| **Supervisor/Sponsor signature** |  | **Date** |