



Action Group Application

Group: Level I / *Calm Leader*

Dear Leader,

Thank you for your interest in *The Mind to Lead* telephone Action Group. This three-month program is designed to be a results-producing, transformational experience for you and your leadership style. Your registration includes:

- Six hours of group telephone-coaching sessions.
- Access to a recorded version of each class on a secure webpage. Even if you miss a session, you can listen to it later at your own convenience.
- Email access with me during the course.
- Class notes for each session in PDF format that you can download and print.
- A learning community of like-minded leaders who will support and challenge you.

Your answers on this application will help me to understand your current situation as well as your individual needs for the Action Group.

When all of the answers are complete, please submit by one of the following:

- Fax to 505.883.9601
- Mail to Suzanne Kryder, Inc., PO Box 35429, ABQ, NM, 87176
- Email a PDF copy to info@themindtolead.com

After I review your application, I will contact you regarding your status and dates for the next course. We can only accept 12 people for this course. If you have any questions about the application or the course, please contact me at 505.232.8433.

Best wishes,

Suzanne Kryder

Suzanne Kryder, PhD

Please type, or print in black or blue ink.

Name _____

Organization _____

Title _____

Address _____

City _____ State _____ Zip _____

Email _____

Daytime Phone (_____) _____

Fax (_____) _____

Cell Phone (_____) _____

Background

1. What is the mission of your organization?
2. What specific products or services does your organization provide and to whom?
3. Number of years in current position:
4. Number of employees who report directly to you:
5. If applicable, describe a previous leadership position, organization, and number of years in that role.
6. Describe the management or leadership training you have received.
7. What are the two most challenging aspects of leadership for you?

Goals

8. What is your primary goal for participating in the *Calm Leader* Action Group?

9. What learning outcomes and performance changes do you want in **yourself** as a result of your participation in the Action Group?

10. What learning outcomes and performance changes do you want in **your employees** as a result of your participation in the Action Group?

11. What outcomes and performance measures do you want in **your organization** as a result of your participation in the Action Group?

12. If accepted for this program, you will be asked to commit to participating in six hours of group telephone coaching on leadership development and to complete fieldwork assignments in your job that require an additional hour per week. Describe your level of commitment to completing these requirements. How will you make time to participate?

Interests & Needs

You are applying for the *Calm Leader* Action Group, which is Level I of a three-level leadership development program. During this Level I course, you will learn skills for staying calm mentally, physically, and emotionally regardless of the stress and demands placed on you in your leadership position. The course is limited to 12 people so that it can be individually tailored to meet the interests and needs of the participants. Responses in this section of the Application will be used to tailor the program to meet the needs expressed by you as well as the other candidates.

Which of the following could you benefit from? (Check all that apply.)

- I tend to get angry with my employees and want to learn to stay calm when communicating with them.

- I tend to get nervous or anxious with my employees and want to learn to stay relaxed when communicating with them.

- I tend to get angry with my boss or Board of Directors and want to learn to stay calm when communicating with them.
- I tend to get nervous or anxious with my boss or Board of Directors and want to learn to stay relaxed when communicating with them.
- I need help establishing a relaxed personality at work rather than being tense about challenging situations.
- I need help staying neutral because I have lost my temper at work in the past and am afraid I'll lose it again.
- I need help physically relaxing because I get a knot in my stomach, rapid heart beat, or feelings of nausea when I imagine having a difficult conversation or speaking up at a meeting.
- I want to learn to stay calm when interacting with intimidating people so that I don't sweat, stutter, hear my voice crack, or avoid speaking up.
- I need help getting things done to be more effective at work.
- I need help managing my time so that I don't over commit.
- I need help to regain my focus and concentration at work.
- I want help creating more balance in my life so that I'm not working so many hours.
- I want to have more physical energy at work.
- I want a like-minded community of leaders for resources and support.

What else do you want me to know about you and your goals for this program?

Thank you for taking the time to complete this application. Please sign and date below. Return your completed application using one of the options on Page 1.

Signature _____

Date _____