

# DREAM Program

## Developing Resources and Education for Advancement at McMaster

### APPLICATION PACKAGE

\*Open to applicants who have completed their probationary period.

This package contains information & forms required to apply to the **DREAM Program**:

- program information
- attendance expectations
- selection procedure
- candidate application form
- supervisor statement of support form

Please share the program information with your supervisor who will be completing the supervisor statement of support.

A more detailed program outline and schedule is available on the program website: <http://www.workingatmcmaster.ca/link.php?link=professional-development:JTC+-+PD+main> or by contacting the Centre for Continuing Education at ext. 24321.

Winter 2012 Sessions, 9am-4pm (held at DTC)  
February 13, March 5, March 19, March 26, April 16

*Admission is granted on a first-come/first-serve basis.*

**Fully completed applications must be received in hard copy original (not via email) at CCE in order to be considered.**

#### Program Contacts:

Kim Wiebe, Program Associate  
Centre for Continuing Education  
[kwiebe@mcmaster.ca](mailto:kwiebe@mcmaster.ca)

Jenni Allerton, Program Manager/Designer  
Centre for Continuing Education  
[jenni.allerton@mcmaster.ca](mailto:jenni.allerton@mcmaster.ca)

**\*All Registrations, Withdrawals & General Queries**

## Program Description

The DREAM Program integrates the core competencies and critical thinking/planning skills that reflect the broadest and highest priority needs of the CAW Employee Group for their roles at McMaster.

The cohort learning model of up to 30 mixed participants (various roles, grades, departments) will allow participants to simultaneously learn about and apply concepts of sharing, team building and exploring within their learning groups that they may then apply within their individual roles and work areas.

The program is designed to encourage and enable deep, transformative learning. **The program will require participants to commit to 35 hours of study over a 2-3 month timeframe.** The program is delivered primarily in-class, with some online preparatory work (prior to each session) and self-directed learning activities.

**Funding for this program is provided by the CAW Training Fund. Participants are not required to make up the time away from their role to participate in this training.**

## Partner Activity

The DREAM Program includes a partnering activity during which participants are paired with each other because they are interested in knowing more about another department; or because their departments impact one another in terms of processes. The partners are then asked to spend time (2+ hours) visiting each other in their current roles. The purpose of this activity is not to learn new roles, but rather to encourage cross-functional and departmental discovery and understanding; to promote internal networking; and possibly to generate interest for future career growth. Partners will be assigned during the course of the program.

**Supervisors: Please note that you will be asked to accommodate a visitor to your unit for this activity.**

## Learning Transfer Plans

Participants will develop a **Learning Transfer Plan** in consultation with their Supervisors/Managers and with support from the program facilitator during the program. The plan will ask participants and their supervisors to discuss initial objectives for the training, opportunities to apply learning in their roles and identifiable areas for support. By involving Managers, it is hoped that participants will be supported to apply their learning on the job, and be recognized for their commitment to learning and development.

**Supervisors: Please note you will be asked to assist the participant with their Learning Transfer Plan.**

## Personal Plans

Participants will also create a **Personal Plan** to identify lessons that resonate in the present, point to future interests, and help to plot an individual development path within the University.

## The Application and Selection Process

The application consists of the following items:

1. Participant Application Form (page 4)
2. Supervisor Support Form (page 5)

In order to be considered, individuals must meet the following basic criteria:

- Member of CAW Local 555, Unit 1
- Completion of employment probationary period at McMaster.
- Statement of Commitment (signed by applicant)
- Statement of Support (signed by applicant's Supervisor)

**Supervisors: staff who supervise people and projects are strongly urged to participate in the ESTEEM Program instead.**

Upon meeting the basic criteria noted above, applications will be accepted to program on a first-come/first-serve basis. All applicants will be notified of admission via email by the Program Associate at CCE. Applicants who are not selected for their first choice will either receive their second choice or join a cancellation waitlist.

## Submission Instructions for the Applicant

1. Review this opportunity with your manager and/or supervisor.
2. Complete the application form (page 4); print CLEARLY or type your responses in the PDF document, then save and print.
3. Ask your manager/supervisor to review the application package, and to complete/sign page 5.
4. Prepare one hard copy of your fully completed and signed application, and deliver to:

Kim Wiebe, Program Associate  
Centre for Continuing Education  
DTC – 2<sup>nd</sup> Floor  
Re: DREAM Program

All materials, including those supplied by the supervisor, must be received as one complete **hard copy application**. Please do not send via email.

It is the applicant's responsibility to ensure the supervisor submits their required items.

5. If you have questions regarding your admission, please wait for email confirmation or email the Program Associate after February 3<sup>rd</sup> to confirm. Please do not telephone the Program Manager to inquire about your admission.
6. Participants who withdraw within 7 calendar days of the program start date will incur a charge to their department. Withdrawal requests must be submitted via email to the Program Associate: [kwiebe@mcmaster.ca](mailto:kwiebe@mcmaster.ca)

## Application Form: DREAM Program

### Applicant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Department \_\_\_\_\_ Job Title \_\_\_\_\_

Faculty or Administrative Area \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Please check the category of your position:

CAW Local 555, Unit 1 member;  CAW Local 555, Unit 1 member supervising people/projects

Other: \_\_\_\_\_

How long have you been in your current position at McMaster? \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)

### Applicant's Direct Supervisor Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Department \_\_\_\_\_ Job Title \_\_\_\_\_

Faculty or Administrative Area \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

### Applicant Statement of Commitment

Please carefully read and sign the following *Applicant Statement of Commitment*.

If selected to participate in the DREAM Program, I understand that I will make my participation in all aspects of this program including pre-session assignments, session attendance and the partner activity a priority.

I understand that if I miss more than a half-day of the program, I will be ineligible to receive a Certificate of Completion, and if I miss more than one full-day my department will be assessed an administrative fee. I understand that if I withdraw within seven calendar days from the start of the program, my department will be assessed an administrative fee.

I have discussed my participation in this program with my direct supervisor and/or manager to ensure that the purpose of this program is understood, and that my efforts will be supported.

I certify that all information provided in my application is true and accurate.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*\*\* IMPORTANT: Please review all pages of this application with your Manager/ Supervisor and ensure that your Manager/ Supervisor completes page 5 before submitting your application.*

## Supervisor Statement of Support: DREAM Program Application

Please carefully read and sign the following *Supervisor Statement of Support*.

If selected to participate in the DREAM Program, the applicant will be expected to make his/her participation in all aspects of this program including pre-session assignments, session attendance and a partner activity (35-hour overall commitment).

In order to support the applicant's success in the program, I agree to the following:

- Enable the applicant to fully participate by not introducing meetings, deadlines, or other job activities that present conflicts with the program sessions.
- Support the applicant in his or her efforts to participate in program activities (e.g., online pre-work).
- Provide guidance and advice to the applicant as needed to support program activities.
- Provide opportunities for discussion and debriefing related to the program content.
- Provide the applicant with an immediate opportunity to apply his/her new skills
- Allow participant to bring a cohort partner to his/her role in your department for up to two hours and, conversely, to accompany cohort partner at his/her role for up to two hours.

All costs associated with the program delivery are funded by the CAW Training Fund. While the program costs are covered, the department must allow the applicant release time to participate in scheduled sessions (and this time away from the role need not be made up).

### ***Supervisor Statement of Support:***

I understand that the applicant may be ineligible to complete this program if he/she misses more than a half-day session of the program, and my department may be assessed an administrative fee if more than one day is missed. I understand that if the applicant withdraws within seven calendar days of the program start date my department will be assessed an administrative fee.

The applicant and I have discussed his/her participation in this program and I believe this opportunity will be beneficial to the applicant's professional development. I support and will help ensure this applicant's full participation in this program.

I confirm the applicant will be available to attend the following days in 2012:  
February 13, March 5, March 19, March 26, April 16

### **In support of Applicant:**

Last Name/First Name \_\_\_\_\_

### **Direct Supervisor: (all fields are mandatory)**

Department code: \_\_\_\_\_

Last Name/First Name \_\_\_\_\_

Email address \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_