

**TAKE CHARGE: DEVELOPING A CAREER STRATEGY
2019-20 APPLICATION****Program Overview:**

Take Charge: Developing a Career Strategy is a five-month program that provides administrative and support and entry-level staff with tools to better direct and manage their careers. It is sponsored by UCOP HR Learning & Development.

Program Selection Criteria:

- Career, contract and represented employees who have completed their probationary period;
- Have a “successfully meets expectations” performance rating or above;
- Express a desire to learn new skills to plan and manage their careers; and
- Commit to attending all of the scheduled sessions and completing all assignments. Sessions are scheduled:
 1. August 15, 2019, 2-3pm, **Manager Only Orientation**,
 2. August 29, 2019, 10 am-12 pm **Singing Your Praises: Self Advocacy**
 3. September 12, 2019, 11 am-12 pm **Peer Mentoring**
 4. September 19, 2019, 10 am-12 pm, **Managing Up**
 5. October 3, 2019, 11 am-12 pm, **Peer Mentoring**
 6. October 17, 2019, 10 am-12 pm, **Don’t Ask, Don’t Get – Negotiation Skills**
 7. October 29, 2019, 11 am-12 pm, **Peer Mentoring**
 8. November 5, 2019, 10 am-12 pm, **Career Planning and Networking**
 9. November 21, 2019, 10 am-12 pm, **Career Management – Resume Writing**
 10. December 5, 2019, 11 am-12 pm, **Peer Mentoring**
 11. December 17, 2019, 10am-12pm, **Career Management – Interviewing Skills**
 12. January 14, 2020, 10 am-12 pm, **Peer Mentoring and Program Celebration**

Instructions:

1. Fill out the Participant Application on Page 2.
2. Print out the Signature Page on Page 3. Sign it and have your supervisor sign it. Include the Signature Page with the application when submitting to Annie Prozan. We MUST receive the Signature Page with both your signature and that of your supervisor.
3. Email or send hard copy of the Application and Signature Page to Annie Prozan at Annie.Prozan@ucop.edu by 5:00 p.m. on August 2, 2019.

All applicants will be notified once the selection process is complete by August 9, 2019.

Questions? Check out the [Take Charge webpage](#).

**TAKE CHARGE: DEVELOPING A CAREER STRATEGY
2019-20 APPLICATION**

Name:	
Phone:	Email:
Department:	
Years at UCOP	Years at UC
<i>Please provide brief answers to each of the following questions. Your responses will help us understand your goals and expectations for this program. This application is confidential; it will only be shared with individuals involved in the selection process.</i>	
1. Why are you interested in participating in the Take Charge: Developing a Career Strategy Program?	
2. What would you like to be doing professionally in a year? In three years?	
3. What skills would you like to improve in order to enjoy your job more or have a more specific career plan?	
4. How will the program contribute to you attaining your professional/career goals?	
<p>SUBMIT Application with Signature Page to: Annie Prozan annie.prozan@ucop.edu</p> <p>THE DEADLINE IS 5:00PM – Friday, August 2, 2019</p> <p>All applicants will be notified once the selection process is complete by August 9, 2019</p>	

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2019-20 APPLICATION**

SIGNATURE PAGE

NAME: _____ DEPARTMENT _____
POSITION _____ PAYROLL TITLE _____

This signature page must be signed and included with your application. Please print this page, sign it, and obtain your supervisor's signature. Include with your application and submit no later than 5:00PM on August 2nd, 2019.

If I am selected I agree to:

- ✓ Participate in all workshops and follow-up meetings as well as complete all homework.
- ✓ Meet with my supervisor to share the outcome of the program.

Take Charge Session Dates:

The program will launch in August, 2019:

1. August 15, 2019, 2-3pm, **Manager Only Orientation**
2. August 29, 2019, 10 am-12 pm **Singing Your Praises: Self Advocacy**
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I hereby apply to participate in the Take Charge Program.

APPLICANT SIGNATURE

Signature of Applicant:

Date:

SUPERVISOR SIGNATURE

I support the participation of this individual in the Take Charge: Developing a Career Strategy Program (By signing this application I understand that I am agreeing to allow the applicant attend 6 workshops and 5 follow-up meetings.)

Supervisor's Name:

Supervisor's Signature:

Date: