

Leadership Learning Agreement

PURPOSE: To actively engage selected leaders in this special leadership development opportunity.

To support this leadership development, Health PEI is committed to the following outcomes for participants:

1. Increased self-understanding of one's values and moral reasoning while at the same time feeling more comfortable in the expression of one's views.
2. Enhanced capability to facilitate positive environments through the interaction with individuals and groups, as well as a strengthened commitment to being respectful, tolerant, and sensitive to the contributions of all people.
3. Increased confidence in the ability to make educated decisions based on observation, experience, reflection, reasoning, and communication.

* * * *

Participants will need to make the commitment to attend, to be fully engaged, to actively participate in all aspects of the activities and to complete the assigned tasks in order to benefit the most from the learning outcomes identified above. **All participants are expected to complete this learning commitment.**

By entering into this agreement, I agree to:

1. Attend each training session and to actively engage in all the activities. I understand that participating means being on time, active listening, sharing my viewpoint and participating in activities in an appropriate manner.
2. Take responsibility for my own learning—ask questions if I don't understand, participate even if I have done an activity before, and challenge myself to step out of my comfort zone during this time.
3. Respect individual differences and the dignity of all people. I will keep an open mind and strive to learn new perspectives.
4. Actively participate in a manner that supports an extraordinary learning experience for everyone involved.
5. Take what I have learned during these leadership opportunities and use that knowledge to improve both the Health PEI community and my home community.

By signing below, I agree to the above statements and affirm that I will demonstrate this commitment to Health PEI and the learning community.

Participant Name (print)

Participant Signature

Date

By signing below, I agree to support the participant in achieving the commitments of the program as outlined above.

Director/Supervisor (print)

Director/Supervisor Signature

Date