2022-2023 UC Women's Initiative Nomination Application (UC San Diego Campus)

GENERAL PROGRAM INFORMATION

UC Program Information  The UC Women's Initiative (UC WI) is a professional development program designed to help woman-identified professionals advance in their UC careers. The program is committed to enabling the full participation, success, and advancement of woman-identified professionals at the University, and is open to all who support this mission. Participants represent faculty, academic personnel and staff, people managers and non-people managers. More information about the program can be found on the UC Office of the President UC Women’s Initiative website.

The Ideal candidate for this program
Meets Systemwide Criteria:
- Is mid-career faculty, academic personnel and staff from campuses, health centers, Division of Agriculture and Natural Resources, Lawrence Berkeley National Laboratory and Office of the President
- Has demonstrated potential for advancement
- Supports woman-identified professionals and seeks to learn concepts that improve their effectiveness at work and hear about the career journeys of established UC leaders

Meets UC San Diego Campus Criteria:
- Applicants selected as alternates in prior years will be given first consideration
- Right time in the applicant's development to impact their own career and UC San Diego Evidence of capacity to "pay it forward" to the organization and their communities
- Represents the diversity at UC San Diego, including different areas of campus and faculty, academic personnel and staff

In order to be considered, applicants must be able to:  Participate fully -- The UC Women's Initiative is experiential and relies heavily on full participant contribution Attend all program sessions in their entirety-- locations will be charged for participants who do not complete the program. Complete Pre-Work and Pre-Program Survey before the first day of their assigned cohort Complete up to 2 hours of additional work assigned between program sessions

The review committee will review all applications for the following:  What is the compelling case for why the applicant should participate in the program, specifically why at this point in their
career? Is it clear how the applicant will benefit from participation in the program? How will participation in the program help the applicant contribute to UC San Diego and their communities?

More information about the program can be found on the UC Office of the President UC Women's Initiative website. Information about the UC San Diego Campus application process is available on Blink.

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This application is for UC San Diego Campus Employees. If you are a Health/Health Sciences employee, please be certain to complete the UC Health/Health Sciences UC WI application.

Thank you for your interest in the UC Women’s Initiative for Professional Development. This application is divided into four main sections: (1) General Program Information, (2) Applicant Information, (3) Nominator Information, (4) Application Materials. The application questions begin on the subsequent page.

It is recommended you collect the application materials before beginning the submission process. You can preview the application components and questions online.

In order to be forwarded to the review committee all completed applications must be received by the deadline.

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Are you a UC San Diego Campus or Health employee?

- I am a UC San Diego Campus Employee (1)
- I am a UC San Diego Health/Health Sciences Employee (2)

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APPLICANT INFORMATION
Applicant’s first name

Applicant’s last name

Applicant’s UCSD email address

Applicant’s home department

Years of full-time service with the University of California system

☐ Less than 2 years (1)

☐ 2-5 years (2)

☐ 5-10 years (3)

☐ 10 or more years (4)
Please select the applicant’s classification

- academic personnel (1)
- faculty (2)
- staff (3)

Has the applicant previously been selected as a UC WI alternate?

- Yes, the applicant was previously selected as UC WI alternate (1)
- No, the applicant has not previously been selected as a UC WI alternate (2)
- I do not know if the applicant has previously been selected as a UC WI alternate (3)

If selected for participation, is the applicant able to commit to attend the entire program? (The program includes multiple sessions, including limited pre-work. Full requirements listed in the “Program FAQs” document.)

- Yes (1)
- No (2)

Are you completing this application for yourself or applying on behalf of someone else?

- I am completing this application for myself (1)
- I am completing the application on behalf of someone else (2)
NOMINATOR INFORMATION

Nominator’s first name

Nominator’s last name

Nominator’s UCSD email address

Nominator’s phone number

Nominator’s campus department

Nominator’s position title
Nominator’s relation to the applicant

- Manager/Supervisor (1)
- Direct Report (2)
- Colleague (3)
- VC Contact (4)
- Other (please specify) (6)

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APPLICATION MATERIALS
The application consists of:
1) Endorsement by supervisor, department head or vice chancellor to confirm time and funding approval
2) At least one letter of support
3) Two short essay answers (500 words maximum per question) written by the applicant
4) FAU or Financial Chart String

Application materials (1 of 4): Endorsement from supervisor, department head or vice chancellor

Supervisor (or department head or vice chancellor) first and last name. List the name of the person who is providing the applicant with the necessary time off and funding.

________________________________________________________________________

You affirm that the applicant has supervisory approval and support for necessary funding and time away from regularly scheduled work duties. Type your first and last name in the box below to affirm the applicant has the supervisor’s approval.

________________________________________________________________________
Application materials (2 of 4): Letter of Support

Any individual who is in a position to evaluate the applicant's work and professional development is invited to write a letter of support. The letter should address the prompt listed below. One letter is required. Additional letters may be submitted.

Letter of support written by (first name, last name)

____________________________________________________________________

Relation to applicant

- Manager/Supervisor (1)
- Direct Report (2)
- Colleague (3)
- VC Contact (4)
- Other (please specify) (5) ________________________________________________

Please address the following in the letter of support. (The letter of support will need to be pasted in the text box below.)

1. Why do you think the applicant should participate in UC WI?
2. How might the applicant benefit from the program?
3. How will the applicant's UC WI participation positively impact UC San Diego and our communities?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
Additional letters of support may be pasted in the text box below. Please be sure to identify the author's name and relationship to the applicant. If the applicant has one total letter of support then you may skip this question.

Application materials (3 of 4): Applicant's responses to two short essay questions. (Note: These responses are written by the applicant and are to be pasted in the text boxes below.)

In 500 words or less, Why is this the right time in your professional development to participate in the UC Women's Initiative?

In 500 words or less: How do you anticipate being able to positively impact UC San Diego and our communities as a result of this program?
Application materials (4 of 4): FAU or Financial Chart String
The sponsoring department is responsible for all program and travel costs. The cost for the 2022-2023 virtual program is $1,250 per participant. More information about program costs is available on UCOP's UC Women's Initiative website. An FAU or financial chart string is required at the time of submitting the application. (Up to three FAU/chart strings may be included.)

Please list the sponsoring department(s)


Department cost center/funding index/financial chart string.
(This will be used to recharge the program cost. All costs are covered by the department.)


FINAL SUBMISSION

I affirm that the information submitted is accurate and complete to the best of my knowledge. (Type your first and last name below.)

By clicking the arrow (bottom right) this finalizes your submission.

End of Block: Default Question Block