Understanding Defense Industry
Participant Application

APPLICANT INFORMATION:

Name:

Job Title:

Current Organization:

Work Address:

Work Email:

Work Phone Number: **Personal Phone Number:**

PROGRAM APPLICATION:

SUPERVISOR SECTION

Describe how your employee engages with industry in their current role and how their participation in this course will benefit the Army.

EMPLOYEE SECTION

Describe what kind of engagement you will have with industry within the next 12 months.

How do you plan to use this training in your current position?

Why are you interested in the “Understanding Industry” course?

APPLICANT ACKNOWLEDGEMENTS:

SUPERVISOR SECTION

As the participant's supervisor, I certify that the employee meets all established performance standards and eligibility requirements for participation in the UDI program and, if accepted, will be unavailable for regular duties for one week. By signing below, I have confirmed that the Command agrees to pay all travel expenses for the participant and will ensure that the participant and I both complete all program survey.

Supervisor Name:

Supervisor Email Address:

Supervisor Signature: **Date Signed:**

EMPLOYEE SECTION

I, _____, understand and accept that if I am accepted into the UDI program that:

- I will be unavailable for regular duties for a one-week training course.
- I am available for both sessions of UDI and will attend the course I am assigned to if accepted.
- If a last-minute scheduling conflict arises and I withdraw, acceptance to a future session of UDI is not guaranteed.
- To foster a productive learning environment, I will be on time to all sessions and actively participate.

Applicant Name:

Applicant Signature: **Date Signed:**