**Marathon County IDEAS Academy**

**Innovator Training Application**

Marathon County’s IDEAS Academy provides all employees with the tools to innovate through education and mentorship on the principles of continuous improvement, with the goal of making Marathon County the preferred place to live, work, visit and do business in the State.

The acronym IDEAS stands for **I**mprovement **D**riven by **E**mployee **A**wareness and **S**tudy, and serves to reinforce our message

The Innovator training course is 3 full consecutive days of training. The course will include a mixture of group exercises, videos, lecture, and hands-on simulation covering the following topics…

**Day 1**

**IDEAS Academy Framework**

**Goals and Objectives**

**Lean History**

**Awareness Training Recap**

**Lean Vocabulary**

**Types of Savings**

**Project Types**

**Prioritizing Ideas**

**DMAIC Model**

**Voice of the Customer**

**Gemba Walk**

**Define Phase**

**Developing a Problem Statement**

**Focus Tree**

**Affinity Diagram**

**Day 2**

**The Measurement Phase**

**Types of Data**

**Data Collection Plans**

**SIPOC**

**Scatter Plot / Pareto Run Chart / Histogram**

**Process Mapping**

**Spaghetti Diagrams**

**Communication Circles**

**Analyze Phase**

**Value Add Analysis**

**Root Cause Analysis**

**Fishbone Diagrams**

**5 Whys**

**Day 3**

**Improve Phase**

**Brainstorming**

**Creativity Tools**

**Mistake Proofing**

**One Piece Flow**

**Batching**

**Work in Progress**

**Control Phase**

**Visual Management**

**Communicating Change**

**Working as a Team**

**Change Management**

**Project Design**

**Celebrating Success**

If you are interested in applying for Innovator training, first meet with your supervisor to discuss your interest in the program and ensure that you have their support. Once you have their support, please complete the Applicant Portion of the application and send it on to your supervisor to complete and submit to [IDEAS.Academy@co.marathon.wi.us](mailto:IDEAS.Academy@co.marathon.wi.us). If you are selected to participate in the training, available dates will be shared with you and your supervisor to determine when you will attend.

**Applicant Portion:**

Please complete the following portion of this application before sending to your supervisor to complete and submit to IDEAS Academy for review.

**Name:** Click here to enter text.

**Department:** Click here to enter text. **Position /Title:** Click here to enter text.

**Work Phone Ext:**  Click here to enter text. **Work E-mail:** Click here to enter text.

**Year/Months with Marathon County:**  Click here to enter text.

**Awareness Training Completion Date:** Click here to enter text.

Beyond the 3 consecutive full days of training, it is the expectation that Innovator program participants will use what you have learned to lead and participate in continuous improvement initiatives within their department and across Marathon County moving forward.

Please indicate whether you are willing to dedicate the necessary time to lead and participate in continuous improvement initiatives beyond your normal workload after you have completed the training.

YES  NO

**Essay Questions**

Please type your response in the space below each question, feel free to use as much space as you deem necessary to competently answer each question.

**Why are you interested in participating in Innovator Training?**

Click here to enter text.

**How do you see continuous improvement contributing to the success of Marathon County?**

Click here to enter text.

**What do you see as the biggest obstacles to change, and how do you think we overcome them?**

Click here to enter text.

**Supervisor Portion:**

Please review your applicant’s portion of the application before completing and submitting to [IDEAS.Academy@co.marathon.wi.us](mailto:IDEAS.Academy@co.marathon.wi.us)for review and final determination.If this applicant is selected to participate in the training, available dates will be shared with both of you to determine the best timing for their participation.

**Name:** Click here to enter text.

**Department:** Click here to enter text. **Position /Title:** Click here to enter text.

**Work Phone Ext:** Click here to enter text. **Work E-mail:** Click here to enter text.

Marathon County’s IDEAS Academy Innovator Training will require 3 full consecutive days of your employees time away from their regular work. Beyond that, it is the expectation that they will use what they have learned to lead and participate in continuous improvement initiatives within your department and across Marathon County.

Please indicate whether you are able to adjust workload to allow the applicant’s participation in the IDEAS Academy Innovator program (initial training AND continuing project execution)?

YES  NO

Please indicate how accurately each of the following describes the applicant:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| In each row, please check the box that best describes the applicant | **The applicant demonstrates this attribute:** | | | | |
| All of the time | Most of the time | About half the time | Some of the time | Never |
| Shows high potential in their current role |  |  |  |  |  |
| Is open to learning, growth, and organizational change |  |  |  |  |  |
| Works well with others |  |  |  |  |  |

Please provide any other information or comments you feel would be useful to the IDEAS Academy as they select the next cohort of Innovators.

Click here to enter text.

By signing below you are agreeing that the applicant is a suitable candidate for the IDEAS Academy Innovator Training and that you will provide the support described above.

**Typed Signature:** Click here to enter text. **Date:** Click here to enter text.

Please submit completed application to [IDEAS.Academy@co.marathon.wi.us](mailto:IDEAS.Academy@co.marathon.wi.us)