



**EXPRESSION OF INTEREST  
FOR  
MEMBERSHIP OF  
ST EDWARD'S COLLEGE BOARD**



**Section 1: Your details**

<b>Title:</b> <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other - please specify:		
<b>First Name:</b>	<b>Family Name:</b>	
<b>Street address:</b>		
<b>Suburb/Town:</b>	<b>State:</b>	<b>Postcode:</b>
<b>Postal address:</b>		
<b>Telephone: (Home)</b>	<b>Telephone: (Business)</b>	
<b>Telephone: (Mobile)</b>	<b>Fax:</b>	
<b>Email address:</b>		
<b>Occupation:</b>		
<b>Current Employer:</b>		
<b>Position held:</b>		

**Section 2: Your areas of expertise**

1. Are you associated now, or have you been associated in the past, with any Schools operated by Edmund Rice Education Australia (EREA)? If so, please specify.

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2. Have you any previous experience with Boards or Committees? If so, please specify.

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3. Describe your interests, experience and expertise?

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4. Any other relevant information?

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**Section 3: Referees** (please nominate at least 2 referees)

<b>Name of referee:</b>	
<b>Address:</b>	
<b>Relationship to nominee:</b>	
<b>Telephone:</b>	

<b>Name of referee:</b>	
<b>Address:</b>	
<b>Relationship to nominee:</b>	
<b>Telephone:</b>	

<b>Name of referee:</b>	
<b>Address:</b>	
<b>Relationship to nominee:</b>	
<b>Telephone:</b>	

<b>Name of referee:</b>	
<b>Address:</b>	
<b>Relationship to nominee:</b>	
<b>Telephone:</b>	

#### **Section 4: Certification**

I, the undersigned, certify that:

I agree to the personal details on this form being recorded and used by Edmund Rice Education Australia to assist in the nomination process for School Board membership;

- I confirm that the details provided are correct to the best of my knowledge;
- I have the approval of my nominated referees to offer their names and I have no objection to them being contacted;
- I confirm that to the best of my knowledge there is no impediment to my nomination for membership of a School Board;

#### **PLEASE SIGN HERE:**

Signature:

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Name in Full:

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Date:

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#### **PLEASE RETURN COMPLETED FORM TO:**

The College Board Secretary

St Edward's College  
13 Frederick Street  
East Gosford 2250

*Thank you for your interest in membership of an EREA School Board*