Edmund Rice Education Australia

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

Section 1: Your details

Title: ◯ Dr ◯ Mr ◯ Mrs ◯ Miss ◯ Ms ◯ Other - please specify:

First Name: **Family Name:**

Street address:

Suburb/Town: **State:** **Postcode:**

Postal address:

Telephone: (Home) **Telephone: (Business)**

Telephone: (Mobile)

Email address:

Occupation:

Current Employer:

Position held:

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.

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

3. Describe your interests, experience and expertise?

Any other relevant information?

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

Name of referee:

Email:

Relationship to nominee:

Phone:

Name of referee:

Email:

Relationship to nominee:

Phone:

Name of referee:

Email:

Relationship to nominee:

Phone:

Name of referee:

Email:

Relationship to nominee:

Phone:

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 PRINT AND SIGN HERE:

Signature:

Full name:

Date:

PLEASE SCAN AND EMAIL COMPLETED FORM TO:

The College Board Secretary
marmstrong@stedwards.nsw.edu.au

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