

Edmund Rice Education Australia



EXPRESSION OF INTEREST

FOR MEMBERSHIP OF ST EDWARD'S COLLEGE BOARD

Section	1: Your	details	S				
Title:	Dr	Mr	Mrs	Miss	Ms	Other - please specify:	
First Na	me:					Family Name:	
Street a	ddress:						
Suburb/	Town:					State:	Postcode:
Postal a	ddress:						
Telepho	ne: (Ho	me)				Telephone: (Business)	
Telepho	ne: (Mo	obile)					
Email ac	ddress:						
Occupat	tion:						
Current	Employ	er:					
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 o	ther relevant information?

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 3: Referees (please nominate at least 2 referees)

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:
Full name:

PLEASE EMAIL COMPLETED FORM TO:

The College Board Chair c/o: principal@stedwards.nsw.edu.au

Date:

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