



**EDMUND RICE EDUCATION  
AUSTRALIA**

*... educating for liberation and possibility*



## **EXPRESSION OF INTEREST**

Membership of St Edward's College - School Advisory Council

### **Section 1: Applicant 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: (Mobile)</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.

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

3. Describe your interests, experience and expertise?

4. Any other relevant information?

**Section 3: Referees** (please nominate at least 2 referees for the Principal to contact)

<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 EREA NSW Colleges Ltd to assist in the nomination process for School Advisory Council 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 Advisory Council.

**PLEASE SIGN HERE (forms cannot be accepted unsigned):**

Signature:

---

Name in Full:

---

Date:

---

**PLEASE RETURN COMPLETED FORM TO:**

The School Advisory Council Secretary

Chanelle Giffin

[cgiffin@stedwards.nsw.edu.au](mailto:cgiffin@stedwards.nsw.edu.au)

For more information on how your personal information is used and stored, please see our [Privacy Policy](#) and [Collection Notice](#).

*Thank you for your interest in membership of an EREA School Advisory Council.*

**For use of the Principal only:**

**Statement of recommendation by the Principal (to be completed prior to sending to EREA)**

I, \_\_\_\_\_ fully endorse and support the application of \_\_\_\_\_  
to become a member of the St Edward's College School Advisory Council. I make this  
recommendation to Maura Manning, Director of NSW Colleges and CEO, having conducted the  
necessary referee checks and have discussed this endorsement with Maura.

Principal Signature:

Date: