

EXPRESSION OF INTEREST FOR MEMBERSHIP OF ST PATRICK'S COLLEGE STRATHFIELD – COLLEGE COUNCIL IDENTITY COMMITTEE

Date:

Section 1: Your details

Title: Dr Mr Mrs Miss Ms Other - please	e specify:	
First Name:	Family Name:	
Street address:	1	1
Suburb/Town:	State:	Postcode:
Postal address:		
Telephone: (Home)	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 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)

Name of referee:	
Address:	
Relationship to nominee:	
Telephone:	

Name of referee:	
Address:	
Relationship to nominee:	
Telephone:	

Name of referee:	
Address:	
Relationship to nominee:	
Telephone:	

Name of referee:	
Address:	
Relationship to nominee:	
Telephone:	

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 Council Identity Committe 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 the College Identity Committee;

PLEASE SIGN HERE (forms cannot be accepted unsigned):

Signature:

Name in Full:

Date:

PLEASE RETURN COMPLETED FORM TO:

The School Advisory Council Secretary

Cristina Polito, St Patrick's College Strathfield

cristina.polito@spc.nsw.edu.au

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