



EDMUND RICE EDUCATION
AUSTRALIA

**EXPRESSION OF INTEREST
FOR
MEMBERSHIP OF
St Pius X College Advisory Council**

Section 1: Your details

Title: <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:		
First Name:	Family Name:	
Street address:		
Suburb/Town:	State:	Postcode:
Postal address:		
Telephone: (Home)	Telephone: (Business)	
Telephone: (Mobile)	Fax:	
Email address:		
Occupation:		
Current Employer:		
Position held:		
Working With Children Check Number (If applicable):		

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), (including St Pius X College)? If so, please specify.

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

- 3. Would you be interested in joining a College Advisory Council Committee (such as (a) Finance and Risk (b) Property and Facilities (c) Governance & Strategic Planning)?

- 4. Describe your interests, experience and expertise?

- 5. 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 College 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 am willing to undertake a NSW Working With Children Check (WWCC)
- I confirm that to the best of my knowledge there is no impediment to my nomination for membership of a College Advisory Council;

PLEASE SIGN HERE:

Signature: _____

Name in Full: _____

Date: _____

PLEASE RETURN COMPLETED FORM TO:

The College Advisory Council Secretary

Mrs Christine Jennings
35 Anderson Street
CHATSWOOD NSW 2067
cjennings@stpiusx.nsw.edu.au

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