

**EXPRESSION OF INTEREST  
FOR  
MEMBERSHIP OF  
ST PATRICK'S COLLEGE COUNCIL**

**Section 1: Your 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: (Home)</b>		<b>Telephone: (Business)</b>
<b>Telephone: (Mobile)</b>	<b>Fax:</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.

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

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3. Describe your interests, experience and expertise?

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4. Any other relevant information?

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

<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>	

<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 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 Council;

### PLEASE SIGN HERE:

Signature: \_\_\_\_\_

Name in Full: \_\_\_\_\_

Date: \_\_\_\_\_

### PLEASE RETURN COMPLETED FORM TO:

The School Council Secretary  
Mrs Cristina Polito  
Private Mail Bag 1  
STRATHFIELD NSW 2135  
Or  
[cristina.polito@spc.nsw.edu.au](mailto:cristina.polito@spc.nsw.edu.au)

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