



**EXPRESSION OF INTEREST FOR MEMBERSHIP OF
SCHOOL ADVISORY COUNCIL**

Section 1: Your details

Title: Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other - please specify:		
First Name:		Family Name:
Street address:		
Suburb/Town:	State:	Postcode:
Postal address:		
Telephone: (Home)	Telephone: (Business)	
Telephone: (Mobile)		
Email address:		
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. Please provide 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 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.

Signature: _____

Name in Full: _____

Date: _____

PLEASE RETURN COMPLETED FORM TO:

Jo McKee
Principal's Executive Assistant
St Patrick's College
1431 Sturt Street
Ballarat
VIC, 3350

Or via email to jmckee@stpats.vic.edu.au

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