



Catholic College Sale Limited

EXPRESSION OF INTEREST

Position of Board Director

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:

Religion:

Occupation:

Current Employer:

Position Held:

Director ID number:

<https://www.acnc.gov.au/tools/topic-guides/director-identification-number>

<https://www.abrs.gov.au/>

Working With Children Check number:

<https://www.workingwithchildren.vic.gov.au/>

Have you been convicted of an indictable offence? Yes No

If 'Yes' please provide details:

SECTION 2: Your areas of experience and expertise

1. Are you associated now, or have your been associated in the past, with Catholic College Sale Ltd? Please specify:

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2. Have you any previous experience with boards or committees?

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3. What specific expertise would you bring?

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4. Please list your academic qualifications:

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SECTION 3: Referees (please nominate at least 2 referees)

Name of referee 1	
Address	
Relationship to nominee	
Telephone	

Name of referee 2	
Address	
Relationship to nominee	
Telephone	

Name of referee 3	
Address	
Relationship to nominee	
Telephone	

Name of referee 4	
Address	
Relationship to nominee	
Telephone	