

**EXPRESSION OF INTEREST
 for
 NOMINATION AS A DIRECTOR
 St Mary Star of the Sea College Board**

Section 1: Your Details

Title: Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____		
First Name:		Family Name:
Street address:		
Suburb/Town:	State:	Postcode:
Postal address:		
Telephone: (Home)		Telephone: (Business)
Telephone: (Mobile)		Fax:
Email address:		
Religion:		
Occupation:		
Current Employer:		
Position held:		

Section 2: Your Areas of Experience and Expertise

1. Are you associated now or have you been associated in the past with Good Samaritan schools?
 Please specify:

2. Please list your previous experience with Boards or Committees?

3. What are your key objectives for wanting to be on the Board?

4. What areas of expertise would you bring to the Board?

5. Please list your academic qualifications:

Section 3 Referees *(Please nominate at least two 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 the Board and Governance and Nominations Committee of St Mary Star of the Sea College to assist in the nomination process for Board Directors.
- 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 as a Director of the Board of St Mary Star of the Sea College which is incorporated as a Company Limited by Guarantee under the Corporations Act.
- I confirm that I am willing to consent to a *Working with Children Check* required under Child Protection legislation should I be selected for appointment as a Director.

Please sign here:

Signature: _____

Name in full: _____

Date: _____

Please return the completed form with a copy of your curriculum vitae to:

M^{rs} Jara
Principal's PA
St Mary Star of the Sea College
Locked Bag 42
WOLLONGONG NSW 2500

Tel: (02) 4228 6011
Email: stmarys@stmarys.nsw.edu.au

Thank you for your willingness to support Catholic education in the Good Samaritan tradition