



Good Samaritan Education

EXPRESSION OF INTEREST

for

NOMINATION AS A DIRECTOR

on a

GOOD SAMARITAN COLLEGE BOARD

in NEW SOUTH WALES

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:		
Religion:		
Occupation:		
Current Employer:		
Position held:		

Please indicate, in order of preference, the College Boards on which you would be willing to serve.

GOOD SAMARITAN COLLEGES NSW

- | | |
|--|---|
| <input type="checkbox"/> Mater Dei Camden (Wollongong Diocese) | <input type="checkbox"/> St Scholastica's Glebe Point (Sydney Arch) |
| <input type="checkbox"/> St Mary Star of the Sea Wollongong | <input type="checkbox"/> Mt St Benedict Pennant Hills (Broken Bay Dioc) |
| <input type="checkbox"/> St Patrick's Campbelltown (Wollongong Dioc) | <input type="checkbox"/> Stella Maris Manly (Broken Bay Diocese) |
| <input type="checkbox"/> Rosebank Five Dock NSW (Sydney Archdioc) | |

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. Have you any previous experience with boards or committees?

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

4. Please list your academic qualifications

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 the *Good Samaritan Education* 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 on the Board of a College which is incorporated as a Company Limited by Guarantee under the Corporations Act;
- I confirm that I am willing to consent to checks required under Child Protection legislation should I be selected for appointment as a Director.

PLEASE SIGN HERE:

Signature: _____

Name in Full: _____

Date: _____

PLEASE RETURN COMPLETED FORM WITH A COPY OF YOUR CURRICULUM VITAE TO:

Leonie Keaney
Executive Director
Good Samaritan Education
1A Gilbert Street
Coburg Vic 3058

T: 03 9386 2521

M: 0499 200 511

Email: executivedirector@goodsameducation.org.au

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

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