



## *Good Samaritan Education*

**EXPRESSION OF INTEREST  
for  
NOMINATION AS A DIRECTOR  
on a  
GOOD SAMARITAN COLLEGE BOARD  
in  
VICTORIA**

### 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>Religion:</b>		
<b>Occupation:</b>		
<b>Current Employer:</b>		
<b>Position held:</b>		

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

#### **GOOD SAMARITAN COLLEGES VIC**

Mater Christi College, Belgrave  
(Melbourne Archdiocese)

Santa Maria College, Northcote  
(Melbourne Archdiocese)

[Back to top](#)

## 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.

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

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

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4. Please list your academic qualifications

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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>	

[Back to top](#)

## Section 4: Certification

I, the undersigned, certify that:

- I agree to the personal details on this form being recorded and used by *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 undergo a *Working with Children Check* 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](mailto:executivedirector@goodsameducation.org.au)

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

[Back to top](#)