

Shaping the future

Expression of Interest

Local input networking and communications (LINC) committee member

Residential College:				
Name:			Occupation:	
Address:				
Email:			Telephone:	
Category of committee	representation: Parent □	Communi	ty □ Staff □	
What experience, skills, attributes or qualifications could you bring to the committee? eg event coordination, youth work, fundraising, marketing, accounting.				
Are you a member of any other organisation? If so, please indicate which one/s eg CWA, Rotary, Scouts.				
Do you have a current Working with Children (WWC) check? If not, you will		you will b	oe If yes, please provide:	
	e prior to joining the committee.	Number:		
Yes □ N	lo 🗆		Expiry Date:	
Do you have a current Department of Education Nationally Coordinated Criminal History Check (NCCHC)? If not, you will be required to obtain one prior to joining the committee.			If yes, please provide:	
		aiii Uli c	Number:	
Yes □ N	lo □		Date Applied:	

Please post your expression of interest to Residential Colleges Branch, Department of Education, 151 Royal Street, East Perth WA 6004 or alternatively email it to residentialcolleges@education.wa.edu.au