

Shaping the future

Expression of Interest

Local Input Networking and Communications (LINC) Committee Member

Residential College:			
Name:			Occupation:
Address:			
Email:			Telephone:
Category of committee	ee representation: Parent	Communi	ity □ 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 required to a bloir one prior to initiate the committee.		t, you will k	
Yes □	quired to obtain one prior to joining the committee. ss □ No □		Number:
103 🗆	NO L		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:
			Number:
Yes □	No □		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

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