

Advisory Group Expression of Interest Form

PERSONAL DETAILS						
Family Name		Prefix (please tick)	□Ms □M	liss □Mrs □Mr □Dr		
Given Names						
Preferred Name		DOB:				
Residential Address						
Street		Suburb				
State		Postcode				
Email		Mobile Phone				
Postal Address (if different from above)						
Street		Suburb				
State		Postcode				
SKILLS AND COMPETENCIES						
Please indicate if you have skills or experience in any of the following – there is no requirement for any experience						
□ Governance	□ Audit/Finance	- Law		□ Ethics		
□ Business	□ Change Management	□ Efficiency and Effecti	iveness	□ Fundraising		
□ Human Resource Management	□ Cultural Diversity	□ ICT		□ Marketing		
□ Policy Development	□ Education and Training	□ Project Management	t	□ Public Relations		
□ Compliance	□ Research and Development	□ Strategic Manageme	ent			
Qualifications: (if applicable)						
STATEMENT OF INTEREST - Please write a short paragraph explaining your interest in this Advisory Group position, your unique skill set and how your experience would benefit Dorset Employment Connect.						

ACCEPTANCE - Please sign below to indicate your permission to undertake the appropriate checks and your willingness to abide by relevant policies.				
I,				
nominate for the position of Advisory Group Member, with a Term End Date of				
Nominee Signature	Date			
Date Received	Public Officer Signature			
REFEREE 1.	REFEREE 2.			
Name	Name			
Title	Title			
Workplace	Workplace			
Phone	Phone			
Relationship	Relationship			

]	I have signed the EOI
[]	I have listed two professional referees
[]	I have attached my resume

Expressions of Interest must be lodged with the BODEC Board by email to:

admin@dorsetec.org.au

The closing date for applications is 5:00pm on Friday 19 January 2024

For further information please contact:

John Brown

Chairperson - BODEC Board

(03) 63767900

john.brown@bodc.tas.gov.au