

**Avila College School Advisory College**

**Expression of Interest**

|  |  |
| --- | --- |
| **Personal Details**  |  |
| Surname  |   |
| Christian Name |   |
| Address  |   |
| Contact Number  |  |
| Email  |   |
| Parish Connection | Yes □ No □ Name of Parish:  |
| Name/s of Student/s Currently/Previously at Avila College |   |
| Year Level/s of Current Student/s |  |
| Primary Schools Student/s attended |  |
| Community Volunteer Involvement of applicant |  |
| Professional Background Expertise/Qualifications |  |

|  |  |
| --- | --- |
| Brief Statement of reason/interest in being a member of the Avila College School Advisory Council |  |

## Applicant declaration

I declare that the contents of this form are true and correct and complete to the best of my knowledge and no information concerning my nomination has been withheld.

**Signature** .................................................................................

**Date** .................................................................................