Development Committee Application Form



Personal Details

Title:	Dr	A/Prof	Prof	Mr	Ms	Other [please specify]			
Name:									
Postal Address:									
Suburb:				State:		Postcode:			
Phone:			Mobile:			Fax:			
Email:									
Please explain why you want to be a member of the eviDent Development Committee, and the qualities you have that you think would add value to the Committee 250 words (max)									
Short Biography Key Skills Summary:									
1									
2									
4									
5									
6									
7									

C/o ADAVB, Level 3, 10 Yarra Street, South Yarra, Vic, 3141 PO Box 9015, South Yarra, Vic, 3141

Tel: (03) 8825 4600 Fax: (03) 8825 4644 Email: ask@evident.net.au Web: www.evident.org.au

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Name o	f Course/ degree/ training/ fellowship	Educa	tional Institution & Country	Year awarded			
Career Sum Year	mary: Organisation		Role				
	3						
Experience on Committees/ Boards:							
Year	Organisation		Role				

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Background, interests, experience:							
Signature:	Date:						
signature.	Date.						
We may contact you for more information. Thank you for your inter	rest.						
Please send your completed application form to:							
Meaghan Quinn, Chief Executive Officer							
Fax: 03 8825 4644 Post: PO Box 9015, SOUTH YARRA, VIC, 3141							
Email: ask@evident.net.au							