

REAL LIVING OPTIONS ASSOCIATION INC.

Expression of Interest in Membership of Management Committee

Name: _____

Address: _____

Phone: Home _____ Work _____ Mob _____

Email _____

Please complete the following to provide some information regarding the skills, knowledge and interests you can bring to our Management Committee.

1. Do you have any experience in working on a Management Committee? Yes No
If yes, please provide details:
2. Please state your reason for wishing to become a member of the Management Committee of Real Living Options Association Inc.
3. Do you have any professional qualifications/experience?
Please provide details:
4. Please state any areas of special interest or expertise:
5. The Philosophy of this Service is that people who use the Service are valued as citizens regardless of their disability and are assisted to lead an ordinary life. Do you support these values?
Yes No
6. The following are conditions of membership of the Management Committee of Real Living Options Association Inc:
 - Current financial membership of Real Living Options Association Inc. while a Committee member.
 - Be able to obtain and maintain a Criminal History check as required by the Disability Service Act 2006.
 - Complete an induction with a member of the Management Committee prior to commencing as a member of the Management Committee
 - Participate as a member of the Management Committee as set out in the Role and Responsibilities of Management Committee.

Are you prepared to meet the above conditions? Yes No

7. My availability time for attending meetings is:

Morning Afternoon late afternoon 4-6.30 p.m. Evening after 5-6 p.m.

Signature _____ Date _____

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