



## Expression of Interest

### Horsham & District Kindergarten Association (HDKA) Board

Contact Information			
Name of applicant	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Family Name</td> <td style="border: none;">First Name</td> </tr> </table>	Family Name	First Name
Family Name	First Name		
Preferred address for correspondence			
Telephone Number (Please indicate the preferred contact number)	<i>Work:</i> <i>Home:</i> <i>Mobile:</i> <i>Preferred: (circle)      Work                  Home                  Mobile</i>		
Email Address			

Personal Details	
Date of birth	
Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>
Residential Address and Postcode	

Interest in Early Childhood Education	
Describe your reasons for applying to join the HDKA Board.	



horsham & district  
kindergarten association



Experience and Knowledge	
List three areas of expertise	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Describe your experience in or connections with the following area/s:	
<i>Early Childhood Education or Development</i>	
Governance	
Financial	
Teaching/Education	
Medical	
Occupational Health & Safety/ Human Resources	
Legal	



horsham & district  
kindergarten association



Other professional expertise relevant to membership of the HDKA Board.

**Additional Comments**

Include any further information you feel relevant to your application for membership.

**Preferred term of appointment**

One year		
Two years		
Three years		

**Signature:**

**Date:**



horsham & district  
kindergarten association

