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**Chairperson**

**Expression of Interest**

***(This form is not compulsory. Please just send in an email stating your interest if you prefer)***

The details and questions below are intended to help you tell us about yourself and why you are interested to serve as a member of the Company. Please read the LYCS Board of Directors’ Handbook available for download describing the work of the Company before completing this form.

You may fill this form in and return it by email to **info@kevinjreid.ie** or post it to:

LYCS, Lower Sean Mc Dermott Street, Dublin 1.

Everybody that sends in a completed form will receive an acknowledgement. Your expression of interest will be considered in strictest confidence by the Board. Details will not be shared with anyone else. The Board may seek to meet you to discuss your interest in the work of the Company.

Expressions of interest should be received no later than **30th September 2020.**

It is intended to make new appointments to the Board as soon as possible.

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Education / Qualifications:**

 **Relevant Experience** (work/life)**:**

**What interests you about serving as a member of LYCS Board of Management**)**?**

**Tell us about other Boards you have served on, in the public, private or not for profit sectors. For example, how long did you serve, did you participate in sub-committees and if so which ones, in what capacity, etc.?**

**Is there anything else we should know or that you would like to include?**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_