



OHA
OLD HALEIANS' ASSOCIATION

**EXPRESSION OF INTEREST
HALE SCHOOL BOARD OF GOVERNORS**

Name:	
Phone No:	
Preferred email contact:	
Current Position:	
Current Employer:	
Medical / Health Related Experience:	
Governance / Board Related Experience:	
Other Relevant Qualifications, Skills and Experience (Attach CV or precis if preferred)	

Please return form by 25 September 2020 to oldhale@hale.wa.edu.au or by fax to 9347 9799