

**CALL FOR EXPRESSIONS OF INTEREST FOR MEMBERSHIP TO:**

**ARMS Standing Committees:**

**Education and Professional Development Committee**

**Governance, Finance and Audit Committee**

**Conferences and Major Events Committee**

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| SECTION 1: Personal Details  |
| **Name: (Title/Given Name/Surname):**  |  |
| **Current Role:**  |  |
| **Current Organisation:**  |  |
| **Email Address:** |  |
| **Preferred Contact Phone Number:**  |  |

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| SECTION 2: Selection Criteria (please address relevant selection criteria in no more than 3 pages).  |
| **For Education, Professional Development Committee please address the following criteria:*** More than five (5) years’ experience in the research management profession;
* A track record of demonstrated involvement in the development of education, training and professional development programs; and
* A willingness to commit at least two days per month to the activities of the Committee.

**For Conferences and Major Events Committee, please address the following criteria:** * More than five (5) years’ experience in the research management profession;
* A track record of demonstrated involvement in the delivery of conferences and events; and
* A willingness to commit at least two days per month to the activities of the Committee.

**For Governance Finance and Audit Committee please address the following criteria:** * More than five (5) years’ experience in the research management profession;
* A track record of demonstrated governance and/or finance expertise; and
* A willingness to commit at least two days per month to the activities of the Committee.

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| SECTION 3: Referees  |
| **Please provide the name, telephone and email address of three (3) people who are able to testify your skills and experience.**  |
| **Name** | **Position** | **Telephone/email** | **Relationship to Applicant**  |
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| SECTION 4: Declaration by Nominee:  |
| **I declare that the information contained in this EOI is true and correct at the time of submission and that I am a financial member of ARMS either through a Corporate/Small Corporate Membership or Individual Membership.** **Name:****Signature:****Date:**  |

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| SECTION 5: Supervisor’s Declaration |
| **I support [insert name here] in this volunteer role and I am willing to make available the needed time and resources for this person.** **Name:****Title:****Signature:****Date:**  |