**Western Care Association Board of Directors**

*Western Care Association provides services and supports to people in Co. Mayo with*

*learning disabilities and/or autism and associate conditions*

**Application Form**

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| **Applicant Name** | Click here to enter text. |
| Address | Click here to enter text. |
| Mobile Number | Click here to enter text. | Email Address | Click here to enter text. |

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| **Brief Statement of Interest:***Please describe why you would like to join the Western Care Association Board of Directors and what skills you feel you can contribute* |
| Click here to enter text. |

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| **Previous Experience on a Board:** |
| **Yes** *- if yes please specify* |[ ]  Click here to enter text. |
| **No** |[ ]

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| **Specific Areas of Relevant Expertise:** *Please select all that apply* |
| Accounting or Finance |[ ]  Communications |[ ]
| Community Relations |[ ]  Grant writing/assessment |[ ]
| Event or Project Management |[ ]  Not-for-profit experience |[ ]
| Fundraising |[ ]  Policy Development |[ ]
| Human Resources / Personnel Management |[ ]  Strategic Planning |[ ]
| Law |[ ]  Volunteer Coordination/Management |[ ]
| Marketing |[ ]  Other |[ ]
| If Other - *please specify* | Click here to enter text. |

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| **Education, Qualifications & Training Details***Third Level, Academic or Training Qualification -* *Courses, Skills, Training can also be included* |
| **Qualification**  | **Year Attained** |
| Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter a date. |
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| Click here to enter text. | Click here to enter a date. |

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| **Career Overview***Please give brief overview of employment below* |
| **Job Title** | **Employer** | **From** | **To** |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter a date. |
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| **Applicant Signature:** |
| Signed: | Click here to enter text. | Date: | Click here to enter a date. |

**Please ensure to attach a current copy of your C.V. along with this Application Form**