**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. |
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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**