**Application for the role of SICSA Graduate Academy Director**

|  |
| --- |
| Personal Information |
| Title: |  |
| Forename(s): |  |
| Surname: |  |
| University |  |
| Email: |  |
| Telephone Number: |  |
|  |  |
| Knowledge, Skills and Experience Criteria |
| Please address the individual points of the Knowledge, Skills and Experience within the Role Description (4.1 – 4.9) and indicate how you meet these criteria.  |
| Please indicate the involvement you have had with SICSA within the last two years and describe the main reason(s) you would like to be considered for the SGA Director |
|  |

|  |
| --- |
| Please describe your vision for the future of SGA within the role of SGA Director. |
|  |

*Along with this form, please provide a recent copy of your Curriculum Vitae*