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

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| 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 | |
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| Please describe your vision for the future of SGA within the role of SGA Director. |
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*Along with this form, please provide a recent copy of your Curriculum Vitae*