**Application for the role of SICSA Director of Education**

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| Personal Information | |
| Title: |  |
| Forename(s): |  |
| Surname: |  |
| University |  |
| Email: |  |
| Telephone Number: |  |
|  |  |
| Current Appointment | |
| Current post and grade |  |
| Date of appointment to current post |  |

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| 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 SICSA Education Director |
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| Please describe your vision for the future of SICSA within the role of SICSA Education Director. |
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