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

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

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