

**Expression of Interest for:**

**Appointment of Directors**

**South Munster Money Advice and Budgeting Service CLG**

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| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Tel: (daytime) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **e-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Confidentiality**  Applications will be treated in strict confidence. All enquires, applications and all aspects of the proceedings are treated as strictly confidential and are not disclosed to anyone, outside those directly involved in that aspect of the process.  **Data Protection**  In accordance with Data Protection Acts 1988 to 2018 should you be recommended for appointment your application may be retained by the South Munster MABS Board for up to one year. |

**Please indicate your relevant experience below.**

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| **1.0 Have you previously served as a member of a Board of Management or Board of Directors?**  **(Please provide details)** |
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| **2.0 If yes, how many terms did you serve and what was the duration?** |
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| **3.0 Have you held any formal role on a Board or Committee, for example, Chairperson, Secretary or Treasurer?** |
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| **4.0 Have you ever served on a Sub-Committee of a Board?**  **(Please provide details)** |
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| **5.0 Do you currently have or have you previously had any experience as a volunteer in your community or other communities?**  **(Please provide details)** |
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| **6.0 What specific areas of expertise would you bring to a MABS Regional Board, for example, community & voluntary, financial, legal or HR?**  **(Please provide details)** |
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| **7.0 Are you aware of any potential conflicts of interest that may arise as a result of your appointment to a MABS Regional Board?** |
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| **8.0 Please indicate your knowledge/experience of the Money Advice and Budgeting Service.** |
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| **9.0 If you have any additional relevant information in support of your expression of interest that is not covered in your answers above, please outline the details below:** |
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| **Access Needs** |
| *Please list any special requirements you may have due to a disability*. |

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**