[](https://u1975523.ct.sendgrid.net/wf/click?upn=F4Jmxw89yOaF-2FrUaIZqlX7js0r91xAvgi4fKuHA-2Bp-2Fov4yrYDfDZ1QJVcIha-2BQLC_xXpU6HnpH7tCUYLv7L0uJQxr4xtOZoEqI2g-2BJm7zhgkU4w-2F05mZDEwUxTTtdgyrArOmmcZvBML7j6JXvXNQZOeAJEhTkFdvzxPod1LsbaFDXshHMo0zzcOQFAuqwEW1e1Ths1A9rCrYkT9HLsW8zkGbA8tsqHg0YmdBcCgdTQS5kujJ0XIpPV7m7HgJ6r3a254kpJhMz-2BKCn-2B2vTENnd1w-3D-3D)

**CALL FOR EXPRESSIONS OF INTEREST FOR MEMBERSHIP TO:**

**ARMS Standing Committees:**

**Education and Professional Development Committee**

**Governance, Finance and Audit Committee**

**Conferences and Major Events Committee**

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| SECTION 1: Personal Details | |
| **Name: (title/Given Name/Surname):** |  |
| **Current role:** |  |
| **Current Organisation:** |  |
| **Email Address:** |  |
| **Preferred Contact Phone Number:** |  |

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| SECTION 2: Selection Criteria (please address relevant selection criteria in no more than 3 pages). |
| **For Education, Professional Development Committee please address the following criteria:**   * More than more than five (5) years’ experience in the research management profession. * A track record of demonstrated involvement in the development of education, training and professional development programs. * A willingness to commit at least two days per month to the activities of the Committee.   **For Conferences and Major Events Committee, please address the following criteria:**   * More than more than five (5) years’ experience in the research management profession. * A track record of demonstrated involvement in the delivery of conferences and events. * A willingness to commit at least two days per month to the activities of the Committee.   **For Governance Finance and Audit Committee please address the following criteria:**   * More than more than five (5) years’ experience in the research management profession. * A track record of demonstrated governance and/or finance expertise; and * A willingness to commit at least two days per month to the activities of the Committee. |

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| SECTION 3: Referees | | | |
| **Please provide the name, telephone and email address of three people who are able to testify your skills and experience.** | | | |
| **Name** | **Position** | **Telephone/email** | **Relationship to Applicant** |
|  |  |  |  |
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| SECTION 4: Declaration by Nominee: |
| **I declare that the information contained in this EOI is true and correct at the time of submission and that I am a financial member of ARMS either through a Corporate/Small Corporate Membership or Individual Membership.**  **Name:**  **Signature:**  **Date:** |

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| SECTION 5: Supervisor’s Declaration |
| **I support [insert name here] in this volunteer role and I am willing to make available the needed time and resources for this person.**  **Name:**  **Title:**  **Signature:**  **Date:** |