



St Helena Government

EXPRESSIONS OF INTEREST – CHAIR, PUBLIC ACCOUNTS COMMITTEE

FULL NAME: (Including style, eg: Hon, Mr etc: Decorations (if any) and Parliamentary abbreviation after name, eg: MLC)

ADDRESS:

E-mail: _____ **Tel No:** _____

DATE AND PLACE OF BIRTH:

CITIZENSHIP:

**REASONS AS TO WHY YOU ARE INTERESTED AND WHAT SKILLS AND EXPERIENCE YOU
COULD BRING TO THE ROLE:**

ANY PREVIOUS OR VOLUNTARY ORGANISATION SERVICE:

EDUCATION/QUALIFICATIONS:

Central Support Service, St Helena Government, Island of St Helena, South Atlantic Ocean, STHL 1ZZ

Telephone: +(290) 22470 Facsimile: +(290) 22598 E-mail: linda.benjamin@sainthelena.gov.sh

www.sainthelena.gov.sh

PRESENT EMPLOYMENT:

EMPLOYMENT BACKGROUND:

INTERESTS/RECREATIONS:

ANY RESTRICTIONS ON AVAILABILITY FOR MEETINGS, ETC:

NAMES OF TWO REFEREES:

VETTING DISCLOSURE (Please include a vetting certificate)
