



St Helena Government

EXPRESSIONS OF INTEREST – CHAIR LAND DEVELOPMENT CONTROL AUTHORITY

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:

PRESENT EMPLOYMENT:

EMPLOYMENT BACKGROUND:

INTERESTS/RECREATIONS:

ANY RESTRICTIONS ON AVAILABILITY FOR MEETINGS, ETC:

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

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www.sainthelena.gov.sh

NAMES OF TWO REFEREES:

VETTING DISCLOSURE (Please include a vetting certificate)
