

# Expression of Interest

Security Licensing & Enforcement Directorate (SLED) Advisory Council



To be considered for election by the outgoing industry representatives of the SLED Advisory Council. Please complete the below form and return to SLED along with the following:

- A current resume or curriculum vitae (CV)
- A detailed written response demonstrating your suitability as per the membership selection criteria.

**1** Title  Full name

**2** Female  Male

<b>3</b> Home Address <input type="text"/>	Business Address <input type="text"/>
Street Number <input type="text"/>	Street Number <input type="text"/>
Street Name <input type="text"/>	Street Name <input type="text"/>
Suburb <input type="text"/>	Suburb <input type="text"/>
State <input type="text"/> Postcode <input type="text"/>	State <input type="text"/> Postcode <input type="text"/>
Telephone <input type="text"/>	Telephone <input type="text"/>
Mobile <input type="text"/>	Mobile <input type="text"/>
Fax <input type="text"/>	Fax <input type="text"/>
Email <input type="text"/>	Email <input type="text"/>

**4** Are you nominating as a representative of a professional or business organisation? If so, which?

**5** I am not aware of any matters which could give rise to a conflict of interest between my responsibilities as a member and my personal, business or financial interests

Signature

Date

**Forward the completed application to:**

Attention Secretariat  
sled@police.nsw.gov.au

Security Licensing & Enforcement Directorate (SLED)  
Locked Bag 5099  
Parramatta NSW 2124