

**Student Representative Application**

In making an application to ASLIA (WA) to be appointed as a student representative, it should be understood that the successful applicant will abide by the roles and responsibilities set out in the Student Representative Policy and Terms of Reference.

**Personal Details of Applicant**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone |  |
| Email |  |
| Member Type |  |
| Member Number |  |
| Date/Year joined as member |  |

**Details of the Interpreting Training Course you are enrolled in:**

|  |  |
| --- | --- |
| Institution | *e.g. North Metropolitan TAFE* |
| Course Name | *e.g. Diploma of Interpreting* |
| Course Delivery Period | *e.g. 2020-2022* |

* I have read the Student Representative Policy and Terms of Reference.
* I have attached proof of my enrolment in the program.

Why do you wish to join the ASLIA (WA) Committee as a student representative?

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**Referee Details:**

|  |  |
| --- | --- |
| Name |  |
| Phone |  |
| Email |  |
| Member Type |  |
| Member Number |  |
| Date/Year joined as member |  |

Why do you support this application? Please detail the skills and qualities of the applicant that suit them to this role:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agreement**

* I certify that the information provided in this application is accurate to the best of my knowledge.
* I agree to represent ASLIA (WA) in a professional manner and to maintain the ethical standards set down in the Constitution.
* I agree to abide by the conditions set down in the ASLIA (WA) Student Representative Policy and Terms of Reference.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**All applications must be submitted to:** **secretary@asliawa.org**