

**Expression of Interest Application Form**

Expression of Interest Application Form for membership of the Registration Panel of the Register of Irish Sign Language Interpreters (RISLI). The application form can be submitted in Irish Sign Language (ISL) or written English.

**Applicant**

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| **Title** |  |
| **Name** |  |
| **Address** |  |
| **Telephone number** |  |
| **Email Address** |  |
| **Job/Position** |  |
| **Over 18 years of Age (Please tick)** | Yes No |

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| **Professional Experience** |

Please provide information about your knowledge, understanding and professional experience relevant for RISLI.

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| **Previous Board Member Experience** |

Please provide information in relation to any Board, Committee and other organisations you were previously involved.

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| **Referees** |

Please provide contact details of at least two referees RISLI might contact in relation to your Expression of Interest.

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| **Name** | **Email Address** | **Phone number** |
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Please submit the Expression of Interest Application Form in ISL/Written English by email to [admin@risli.ie](mailto:admin@risli.ie)

If you wish, you may also submit additional information (such as a C.V. or short Bio) to support your application.

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| **Signed** |  | **Date** |  |