



**CATHOLIC EDUCATION ABORIGINAL COMMITTEE (CEAC)
REGISTRATION FORM**

Name: _____

Address: _____

Telephone: _____

Email: _____

What involvement (if any) do you have within your local community?
(eg parent of a child in a Catholic school)

What skills/expertise would you bring to your local CEAC?

Other comments.

Signature: _____

Date: _____

Please return to your local **Catholic Education Office** or
The Aboriginal Education Team
Catholic Education Western Australia
50 Ruislip Street
Leederville
Western Australia 6007

or scan and email to aboriginaleducation@cewa.edu.au