

**Expression of Interest in becoming an Evaluation Champion**

Complete this form to indicate you would like to become an Evaluation Champion and have this included in your current role.

Staff member: Date:

Manager:

|  |  |
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| **When would you like to start this role?** | *Date:* |
| **Which type of Evaluation Champion would you like to be?** | *Choose one:*  *Promoter and Enthusiast □ Driver and Doer □* |