**Nomination for Equestrian Australia**

**National Health and Safety Committee**

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| Committee Information: |
| Committee Name: **EA National Health and Safety Committee** |
| Application Closing Date: **Monday 16th May 2022** |

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| Personal Details: | | | | |
| Name: | | | EA Member No: | |
| Street Address: | | | | |
| Suburb: | | State: | | Postcode: |
| Email: | | | | |
| Mobile: | Telephone: | | | |

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| Business Skills and Experience:  (Include Training and Education) |
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| “Sport Governance, Health, and Safety” Skills and Experience:  (memberships, Committee Experience) |
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| Sport Knowledge and Involvement  (Achievements & Participation as a: Rider, Official. Event Organiser etc) |
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| Other Relevant Information |
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| Time Willing To Dedicate to Committee Duties  (Review of Documentation, Assistance to National Office, Projects etc) |
| Number of Hours: |

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| Declaration: |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have read the EA Committee Bylaws, EA NHSC Charter and the EA National Discipline Committee Appointment and Procedures Policy and understand the commitment in time and contribution I am expected to make. I confirm that I meet the requirements to be a Committee Member of EA, in terms of skills and the need to work for the good of Equestrian Australia and the sport itself.  **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| Return: |
| **Form must be signed and dated and returned via email to:** [**victoria.farr@equestrian.org.au**](mailto:victoria.farr@equestrian.org.au) **– EA National Health and Safety Officer** |