**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** **– EA National Health and Safety Officer**  |