**Nomination for Equestrian Australia Show Horse Committee Riders’ Representative**

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| Committee Information:  |
| **Committee Name:** Equestrian Australia Show Horse Committee |
| **Application Closing Date:** Tuesday 15th August 2017 |

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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” 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 and Position Description for the National Committee 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:  |
| **Equestrian Australia****ABN: 19077455755****PO Box 673 Sydney Markets****NSW 2129** Website: <http://www.equestrian.org.au/>  Email: kirsty.pasto@equestrian.org.au  Please return this form to:Equestrian AustraliaCommittee Liaison ManagerKirsty PastoKirsty.pasto@equestrian.org.au  |