

## Nomination for Equestrian Australia Para-Equestrian Riders' Representative



EOI Information:		
Position: Para-Equestrian Riders Representative		
Application Closing Date: Friday 10 <sup>th</sup> January 2019		
Denc	ONAL DETAILS	
Name:	ONAL DETAILS:	EA Member No:
Nume.		EA WEITIGE NO.
Street Address:		
Suburb:	State:	Postcode:
Suburb.	State:	Postcode.
Email:	L	
A. 1.1	T 1 1	
Mobile:	Telephone:	
Business <b>S</b> k	ILLS AND EXPERIENCE	:
(Include Tr.	AINING AND EDUCATION)	
"SPORT GOVERNAN	CE" SKILLS AND EXPE	RIENCE
"SPORT GOVERNANCE" SKILLS AND EXPERIENCE:  (MEMBERSHIPS, COMMITTEE EXPERIENCE)		
	EDGE AND INVOLVEME	
(ACHIEVEMENTS & PARTICIPATION A	AS A: RIDER, OFFICIAL. EVE	ENT ORGANISER ETC)
OTHER RELEVANT INFORMATION		

TIME WILLING TO DEDICATE TO COMMITTEE DUTIES		
	(REVIEW OF DOCUMENTATION, ASSISTANCE TO NATIONAL OFFICE, PROJECTS ETC)	
Number of Hours:		

	DECLARATION:
I,have read the Riders' Representative Position Description and understand the commitment in time and contribution I am expected to make. I confirm that I meet the requirements to be the Para-Equestrian Riders Representative, in terms of skills and the need to work for the good of Equestrian Australia and the sport itself.	
SIGNED:	DATE:

## RETURN:

Form must be signed and dated and returned via email to: <a href="mailto:stefanie.maraun@equestrian.org.au">stefanie.maraun@equestrian.org.au</a>