



EXPRESSION OF INTEREST FORM
ADVISORY COMMITTEE 2017

This ADVISORY COMMITTEE EXPRESSION OF INTEREST FORM and the attached RESUME AND STATEMENT must be lodged with the CEO, Golf NSW by **4.00pm AEST on Friday, 16 December 2016**. Nominations can be lodged by post, fax, email or delivered by hand to:

By Post: The CEO, Golf NSW, PO Box 195, ARNCLIFFE NSW 2205
By Hand: Golf NSW, 1A Duncan Street, ARNCLIFFE NSW 2205

By Fax: (02) 9505 9199
By Email: stuart.fraser@golfnsw.org

This Form will not be valid unless each of the Parts is completed and it is signed, where specified, by all necessary persons and accompanied by the completed RESUME AND STATEMENT.

NOMINEE'S DETAILS: *(Please print clearly)*

Full Name: _____

Gender *(Cross applicable box):* Female Male

Address of principal place of residence: _____

_____ **State:** _____ **Post Code:** _____

Telephone: (home) _____ (work) _____ (mobile) _____

Email: _____ **Home Golf Club** (if applicable): _____

Signature: _____ **Date:** _____

NOMINEE'S SKILLS, QUALIFICATIONS AND EXPERIENCE

Committee Involvement: *(List past and other committee involvement)*

Background / Expertise: *(List employment history, academic qualifications, industry experience, specific skill set)*

Interest and/or involvement in sport: *(List competitive, social, voluntary, leadership involvement in sport inc any achievements)*

NOMINEE'S STATEMENT

(e.g. What attracts you to being on the Advisory Committee?; What contribution do you believe you could bring ?)