

EXPRESSION OF INTEREST FORM

Personal Details	
Position	
Name	
Address	
Postcode	
State	
Email Address	
Contact Number	

Please respond to the Key Selection Criteria and list any relevant qualifications: (200 words or less)

EXPRESSION OF INTEREST FORM

How would you work and communicate with the current netball landscape and relevant staff to ensure best practice athlete injury management is delivered? (200 words or less)

Do you have a current Working with Children Check?

Yes

No

Please provide 2 references and contact details:

Referee 1	
Name	
Contact Number	
Relationship to you	

Referee 2	
Name	
Contact Number	
Relationship to you	