**A logo with blue lines and stars

Description automatically generated**** Nomination for Equestrian Australia Committee**

**Vaulting Athletes’ Representative**

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| Committee Information: |
| Committee Name: **EA VAULTING COMMITTEE** |
| Application Closing Date: **Close Of Business -** **MONDAY 4th NOVEMBER 2024** |

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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, EA Vaulting Charter, the EA National Discipline Committee Appointment and Procedures Policy and the Athletes’ Representative 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: |
| **Form must be signed and dated and returned via email to:** [**vaulting@equestrian.org.au**](mailto:vaulting@equestrian.org.au) **– EA Sport Development Officer** |