

2011 REGIONAL CONVENOR APPLICATION

Please read the explanation notes on the reverse of this form before completing.

1. Applicant's Name: <input type="checkbox"/> Male <input type="checkbox"/> Female		
2. School:		
Position: (eg Teacher, Teacher Aide, etc)		
Work Email Address: (for all correspondence)		
3. Home Address:		
Home & Mobile Phone Number:		Home: _____ Mobile: _____
4. SPORT: (one sport per form) If applying for more than one sport please number your preference for this sport. <input type="checkbox"/> _____		
5. Level: (please number your preference)		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Special
6. Team: (please number your preference)		<input type="checkbox"/> Boys <input type="checkbox"/> Girls <input type="checkbox"/> Both <input type="checkbox"/> 17/18/19yrs <input type="checkbox"/> 14/15yrs <input type="checkbox"/> Other
7. Regional Delegate: (Please tick if you would like to be nominated as the Regional Delegate for the State Sport Specific Committee).		<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Qualifications / Experience: (Additional information may be attached). _____ _____ _____ _____		
NOTE: This information will be considered in the appointment process.		
9. Regional Date: (See attached calendar)		
10. Proposed Regional Trial Venue:		
Principal's Approval: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
I approve for this applicant to be selected for more than one position: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
I agree to release the above mentioned teacher to attend the Regional Trial.		
Signed: (Principal) _____		Date: _____
Signed: (Applicant) _____		Date: _____

PLEASE RETURN TO:

Metropolitan East School Sport – Fax 3245 0255

APPLICATIONS CLOSE: 17 September 2010

OFFICE USE ONLY	
<input type="checkbox"/> Successful	<input type="checkbox"/> Unsuccessful
Comments:	