

Sports House Quad 1, Level 2, 8 Parkview Drive, Sydney Olympic Park NSW 2127 PO Box 6124 Silverwater NSW 2128 p 02 8378 0790 I f 02 8378 0798

ACN 096 875 526 ABN 20 096 875 526

OFFICIALS APPLICATION

First Name:	Surname:	
Address:		
Suburb:	State:	Postcode:
Email Address:		
Phone Number:	Mobile Number:	
Sex: Male Female	Date of Birth:	
Working With Children Check Number:		
WWCC Obtained State:	WWCC Expiry Date:	
Position:	Discipline: Level:	
A REQUIREMENT THAT COPIES OF YOUR SIGNED	PARTICIPATION JOURNAL BE P	ROVIDED WITH YOUR APPLIC
I have attended the following seminars:	<u>Seminar</u>	Date
•		
Verification of your attendance		









Sports House
Quad 1, Level 2, 8 Parkview Drive,
Sydney Olympic Park NSW 2127
PO Box 6124 Silverwater NSW 2128
p 02 8378 0790 I f 02 8378 0798

ACN 096 875 526 ABN 20 096 875 526

Please forward completed application to:

OFFICIALS APPLICATION REQUIREMENTS:

Motorcycling NSW

PO Box 6124

Silverwater NSW 2128

OR

learn@motorcycling.com.au

For more information please do not hesitate to visit our website <u>www.motorcycling.com.au</u> or contact the office on 02 8378 0790

☐ Com	npleted application form			
□ Сор	ies of your participation journal			
□ Сор	y of your Working with Children Check			
<u>DISCLAIMER:</u> I confirm that the details contained in this application are accurate to the best of my knowledge. I have read and understood the above policy and I agree to the terms and conditions of this application. I further agree to Motorcycling NSW Limited disclosing my name and contact details for meeting purposes.				
SIGNED:		(OFFICIAL)		
DATE:				

PLEASE REFER TO THE MA OFFICIAL ACCREDITIATION, UPGRADES & RENEWALS DOCUMENT PRIOR TO COMPLETING YOUR

APPLICATION





