



HEALTH INFRASTRUCTURE AWG Nomination Form

Blayney MPS Redevelopment Arts Working Group – Nomination Form

PLEASE EMAIL YOUR NOMINATION FORM TO:

HI-BlayneyMPSredevelopment@health.nsw.gov.au by Monday, 15 May 2023.
For any questions regarding the Arts Working Group, please contact the project team via email: **HI-BlayneyMPSredevelopment@health.nsw.gov.au** or phone (02) 9978 5432

Application Details:

Name:

Address:

Email Address:

Contact number:

What are your reasons for wishing to join the Arts Working Group? (150 words)

Please tick the capacity in which you would best represent the Arts Working Group:

Community representative

Health Care representative

Creative industry representative

Outline your background/experience that you will bring to the Group. (150 words)

(Please feel free to attach additional information).

I acknowledge that I will participate on the AWG as a volunteer

My availability is as follows: please tick below):

| Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------|----------------|------------------|-----------------|---------------|
| Morning | Morning | Morning | Morning | Morning |
| Afternoon | Afternoon | Afternoon | Afternoon | Afternoon |
| Evenings | Evenings | Evenings | Evenings | Evenings |

Sign or type your signature:

Date: