



## ATTACHMENT 1 HEARING OFFICER NOMINATION FORM

It is a requirement of Netball Victoria that all affiliated associations and leagues appoint a Hearing Officer. Netball Victoria maintains a database of current Hearing Officers and will contact you regarding development workshops or courses in your region.

<b>ASSOCIATION:</b>			
		<b>ID #:</b>	

### Hearing Officer Details

<b>FULL NAME:</b>			
<b>POSTAL ADDRESS:</b>			<b>POST CODE:</b>
<b>EMAIL ADDRESS:</b>	<b>[REQUIRED]</b>		
<b>PHONE:</b>	<b>H</b>	<b>W</b>	<b>M</b>

*Netball Victoria encourages interaction and communication between local associations and leagues within your region. If requested, Netball Victoria would like to provide your contact information to other local associations in your region.*

**Can Netball Victoria supply your contact details to local associations if requested?**

YES

NO

<b>SIGNED:</b>		<b>DATE:</b>	
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### Association Confirmation of Hearing Officer

*I confirm that the above information is true and accurate and that the above nominated person has been appointed as Hearing Officer for the above association or league.*

<b>POSITION:</b>			
<b>FULL NAME:</b>			
<b>SIGNED:</b>		<b>DATE:</b>	