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| **SOUTH WEST SCHOOL SPORT**  **OFFICIAL APPLICATION FORM 2026** | | | | | | | | | | | | | | | | | |
| **Surname** |  | | | | **Given Name** | | | |  | | | | | | | | |
| **Home Address** |  | | | | | | | | | | | | **Postcode** | | | |  |
| **School** |  | | | | | | | | | | | | | | | | |
| **Telephone Number** | **School** |  | | | | **Mobile** | | | |  | | | | | | | |
| **Email Address** |  | | | | | | | | | | | | | | | | |
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| POSITION [circle] | Coach | | Manager | | | | Trainer | | | | | | | Convenor | | | |
| **SPORT** |  | | | **Age Division** | | | |  | | | **Gender** | | | | |  | |
| Preferences: Applicants may state preferences for particular positions where multiple applications have been lodged or a preference to work with another applicant. [Use a separate form for each position being applied for.] | | | | | | | | | | | | | | | |  | |
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| EXPERIENCE | | | | | | | | | | | | | | | | | |
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| **Signature of Applicant** | |  | | | | | | | | | | **Date** | | |  | | |
| In nominating, I understand the duties and time involved and if selected agree to carry out all required duties as detailed in the School Sport Handbook and to attend the in-service for team officials. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Signature of School Principal** | |  | | | | | | | | | | **Date** | | |  | | |
| I approve of the above nomination and am aware that the duties will involve absence of teachers from school for several days with replacement staff to be provided in accord with the current policy of South West School Sport  Further, in approving the above nomination. | | | | | | | | | | | | | | | | | |
| **Applications close:** | | Wednesday 3rd September | | | | | | | | | | | | | | | |
| **Forward Applications to:** | | Regional School Sport Officer  South West School Sport  PO Box 456  Roma Q 4455  Ph: 07 4572 6513  Email: [southwestschoolsport@qed.qld.gov.au](mailto:southwestschoolsport@qed.qld.gov.au) | | | | | | | | | | | | | | | |