



HEALTH INFRASTRUCTURE AWG Nomination Form

Broken Hill Health Service Redevelopment Arts Working Group – Nomination Form

PLEASE EMAIL YOUR NOMINATION FORM TO:

HI-BrokenHillRedev@health.nsw.gov.au by **Monday, 8 May 2023.**

For any questions regarding the Arts Working Group, please contact the project team via email: **HI-BrokenHillRedev@health.nsw.gov.au** or phone (02) 8838 8889

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: