

Sports Care Employment Application Form



Contact Details

First Name: Surname:

Address:

Suburb: State: Postcode:

Ph: Mobile:

Email:

Qualifications - Please attach copies with application

Sports Trainer : Level 1 Level 2 Expiry Date: ____/____/____

First Aid: _____ Expiry Date: ____/____/____

Nurse Paramedic Bronze Medallion Advanced Life Support

Other: _____

Working With Children Check

All personnel are required to have a current Working With Children Check.

Notice Number Expiry Date: ____/____/____

How did you find out about working for SMA?

Friend University SMA Website SMA Email Other: _____

Occupation

What is your occupation?

Students (please specify)
Field of study:

Educational Institution: Year:

Referee's

Please supply the name of two people we can contact as referee's;

Full Name: Contact No.:

Organisation:

Full Name: Contact No.:

Organisation:

Please return completed form with supporting documentation to;

Sports Medicine Australia (WA Branch)
PO Box 57
Claremont WA 6910
F: (08) 9284 9239

Enquiries to:

Ashlea Parker
Sports Care Co-ordinator
Ph: (08) 9285 8033
E: sportscare@smawa.asn.au