



## BANKSTOWN CITY NETBALL ASSOCIATION INC SELECTION PANEL NOMINATION

Name			
Address			
Telephone		Mobile	
Email			
Association		Club	
Working with Children Number <i>(copy attached)</i>			

**Accreditation held: (copies to be attached)**

Year		Accreditation	
Year		Accreditation	
Year		Accreditation	

**Coaching/Selector Experience:**

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I agree to abide by the Constitution, Codes of Conduct and Policies and Procedures of Bankstown City Netball Association Inc.

Signature		Date	
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**Email: [nominations-bcna@outlook.com](mailto:nominations-bcna@outlook.com)**