



STATE AND TERRITORY ADVISORY COMMITTEE (STAC) NOMINATION FORM

This form is to be completed by nominees for election to TFA- State and Territory Advisory Committee (STAC) for the positions of Elected General Members.

Full Name of Nominee: Date of Birth:

Address:

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Phone No (landline): Phone No (mobile):

Email Address:

Occupation:

Employer:

Summary of the applicant's claims for the relevant position to be attached separately, including, but not limited to;

- Academic qualifications.
- Relevant experience to the position as outlined in the Specific Responsibilities of a STAC General Member.
- Current employment.
- Touch experience (list relevant positions, qualifications, e.g., player, coach, administrator).
- Current positions held by nominee in non-touch sport associations.

Nominator: Signature:

Nominator Team / Club / Affiliate:

Seconder: Signature:

Seconder Team / Club / Affiliate:

Both the nominator and seconder must be a TFA Member within the relevant state or territory.

I, the nominee for the above position hereby certifies my willingness to accept the position for which I have been nominated.

Signed: Date:

This form is to be returned to the State Manager of the State Association by the advised closing date.

