



# NSWAHAN Committee Application

Name:

Email:

Organization:

Ph: No.:

Role:

I am passionate about becoming a committee member of NSWAHAN and my area of interest/skills

education  career development

networking  media  EBA/union

other  \_\_\_\_\_

I agree to the following:

As an NSWAHAN committee member I acknowledge that I have read and understood the following:

- Each committee member represents AHA's not an organisation however we do recognise the support of managers and organisations.
- We do not want to price ourselves out of the assistive workforce market
- It takes time to build a great network and develop credibility
- Communication is key
- Supporting one another will result in a cohesive efficient committee and a strong well supported network
- TOR will be developed and updated regularly - We are a work in progress, and we expect to change and evolve as we create this organisation from the ground up.

tick here to agree

My manager is supporting me in the following way

Time allowed for NSWAHAN related work per week:  Click or tap here to enter text.

Attend 4 meetings per year    yes     no

Other:  Click or tap here to enter text.

My manager would like their details added to our list of NSWAHAN supporters

Manager's name:  Click or tap here to enter text.

Email:  Click or tap here to enter text.

Role:  Click or tap here to enter text.