



# HEALTH INFRASTRUCTURE AWG Nomination Form

## Cowra Hospital Redevelopment Arts Working Group – Nomination Form

PLEASE EMAIL YOUR NOMINATION FORMS TO:

**HI-Cowra@health.nsw.gov.au by Monday 21 November 2022**

For any questions regarding the Arts Working Group, please contact the project team via email: HI-Cowra@health.nsw.gov.au or phone 9978 5432

### Application Details:

Name:

Address:

Email Address:

Contact number:

**What are the 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 preferred meeting times are:

(please tick

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evenings	Evenings	Evenings	Evenings	Evenings	Evenings

Sign or type your signature

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Date: