



# HEALTH INFRASTRUCTURE AWG Nomination Form

## Wentworth Health Service Redevelopment Arts Working Group – Nomination Form

**PLEASE EMAIL YOUR NOMINATION FORM TO:**

HI-Wentworth@health.nsw.gov.au by Friday, 16 December 2022

For any questions regarding the Arts Working Group, please contact the project team via email: **HI-Wentworth@health.nsw.gov.au** or phone (02) 8838 8889

### Application Details:

Name:

Address:

Email Address:

Contact number:

**What are the reasons for wishing to join the Arts Working Group? (approx. 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. (approx. 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:**

**Date:**