NSW Combined Catholic Colleges Sports Association is calling for nominations for **Sports Conveners for 2012**

Positions are available for the following sports:

- **Athletics**
- **Australian Football League**
- **Baseball**
- **Basketball**
- **Canoeing**
- **Cricket – Boys**
- **Cricket – Girls**
- **Cross Country**
- **Diving**
- **Golf**
- **Football - Boys**
- **Football - Girls**
- **Hockey - Boys**
- **Hockey - Girls**
- **Netball**
- **Rugby**
- **Softball**
- **Swimming**
- **Tennis**
- **Touch**
- **Triathlon**
- **Volleyball**
- **Water Polo**

**DUTIES OF CONVENERS:**

- Attend two full day meetings of NSWCCCSA.
- Co-ordinate the selection pathway to NSW representation in nominated sport.
- Represent NSWCCCSA on NSW All Schools Sub Committee.
- Complete the appropriate reports as required by due date as per NSWCCCSA Calendar.
- Knowledge of DET “Guidelines of Safe Conduct of Sport”
- Attend NSWCCCSA Blue Award Presentations
- Other as per NSWCCCSA Guidelines

**ELIGIBILITY:**

- Must have the written approval from your Principal or Director.
- Must be a member of the teaching staff in a CSCC Affiliated Catholic Secondary School.

**CLOSING DATE:** Wednesday 3rd August 2011

**PLEASE COMPLETE THE FOLLOWING FORM AND SEND TO:**

Kym Skerritt  
Executive Officer  
NSWCCC  
PO Box 4118  
CASTLECRAG NSW 2068  

Mobile: 0419 464 074  
Fax: 9958 2556  
Email: kym@pathways.com.au

**APPLICATIONS WILL NOT BE ACCEPTED UNLESS:**

- Form is signed by your current Principal
- Current CPR and Emergency Care documentation is attached
NOMINATION FOR NSWCCC CONVENER - 2012

I, (Mr, Ms, Mrs.): ............................................................ am seeking endorsement as NSW Combined Catholic Colleges Sports Convener of the following sport ........................................... I understand that I will be acting under the authority of Catholic Sports Coordinating Committee. Personal details have been supplied on the form below to assist in the endorsement process.

Name: ..........................................................................................................................

School: ..........................................................................................................................

School Address: .............................................................................................................. Post Code: ..............

Home Address: .............................................................................................................. Post Code: ..............

School Phone No: ................................................. Fax: ..............................................

Home Phone No: .................................................. Fax: ..............................................

Mobile: .............................. Email: ........................................................

Convening Experience: .................................................................................................

Emergency Care Accreditation: .................  Expiry Date: ..............
CPR Accreditation: ................................................... Expiry Date: ..............
First Aid Accreditation: ...........................................  Expiry Date: ..............

(Please attach a photocopy of each)

I have read the requirements for a Convener and will abide by those conditions:

I have read DET Guidelines  Yes [ ]  No [ ]

Applicant’s Signature: .................................................. Date: ..............

Principal’s Comment: ..........................................................

Principal’s Signature: .................................................. Date: ..............

Please return this form to:
Kym Skerritt
Executive Officer
NSWCCC
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CASTLECRAG NSW 2068

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email: kym@pathways.com.au