

Greyhound Racing Victoria 46-50 Chetwynd Street, West Melbourne, VIC 3003

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## **INDUSTRY CONSULTATIVE GROUP**

# **NOMINATION FORM**

#### **CONTACT DETAILS**

Name: Residential Address: Phone number: Email address:

### Please complete the tables below and attach a summary of your work history (resume):

### **GREYHOUND INDUSTRY INVOLVEMENT**

Years as a Trainer:	Years Breaking-In Greyhounds:	
Years as a Breeder:	Years as an Owner:	
Years as a Rearer:	Years as a Vet:	

Please list any other experience within the greyhound industry e.g. catcher, attendant, judge, kennel staff, working for a greyhound club or governing body:

## **OTHER RELEVANT BACKGROUND AND EXPERIENCE**

Stakeholder engagement:

Communication strategy:

Issues management:

Strategic thinking:

#### REFEREES

Name	Relationship	Contact details

Tick this box to confirm willingness to sign Industry Consultative Group Statutory Declaration

Tick this box to confirm willingness to sign Industry Consultative Group Code of Conduct