

### WORKING IN THE LEGISLATIVE COUNCIL PROGRAM

# APPLICATION FORM

# CLOSING DATE FOR APPLICATIONS – MONDAY 27 JUNE 2016

### PART A – APPLICANT

Contact details
Title: Surname: Surname:
Agency:
Grade and salary:
Position:
Phone:
E-mail:
Required documentation  Please attach:
Interviews will be held soon after the closing date for applications.
Signature Date

### PART B – LINE MANAGER

Contact details	
Title: First Name:	Surname:
Agency:	
Position:	
Phone number:	
E-mail:	
Please indicate your reasons for sup	pporting this application
I fully support the applicant's secon	ndment to the NSW Legislative Council.
Signature	Date
PART C – APPROVING O	FFICER
	cant's participation in the Working in the Legislative Council 2010 will continue to meet the salary costs of the applicant during their
Signature	Date
Print name	Position
Email	
	signed/approved by the Secretary of the department or the nior officer may sign on their behalf, provided the Secretary o

## Applications close on Monday 27 June 2016

CEO is aware of the application.

Please forward your application to Mr David Blunt, Clerk of the Parliaments by email to <a href="mailto:Budget.Estimates@parliament.nsw.gov.au">Budget.Estimates@parliament.nsw.gov.au</a>