

Special Olympics G.B.

Technical Advisor Application

Position ¹ :	<input type="text"/>		
Name:	<input type="text"/>		
Region:	<input type="text"/>		
Address:	<input type="text"/>		
		Postcode:	<input type="text"/>
Tel (day):	<input type="text"/>	Mobile:	<input type="text"/>
Tel (eve):	<input type="text"/>	Fax:	<input type="text"/>
Email:	<input type="text"/>		

Relevant Qualifications:

Please give details of any experience etc. relevant to your application for this position (please continue over the page if necessary):

¹ Give the name of the sport or position that you are applying for e.g. Athletics, Families etc.

Relevant experience etc. (cont.):

You are welcome to enclose any information in support of your application.

Signed: Date:

This application is supported by the region.

Signed (Regional Chair):
Date:

Please note that applications that are not signed by both the applicant and the relevant regional chair cannot be accepted.

Return completed form to: Special Olympics GB, 6-8 Great Eastern Street, London EC2A 3NT.