Marjorie Jackson-Nelson
CENTRE FOR
WOMEN'S SPORT

Riverland Marjorie Jackson-Nelson Centre for Women's Sport
2026 Application Form
Closes 12:00pm Tuesday 2 June

APPLICATION INFORMATION	
Please submit your completed form to: *District Council of Loxton Waikerie* *PO Box 409* *35 Bookpurnong Terrace, Loxton SA 5333* *Email: council@lwdc.sa.gov.au*	**For enquiries, please contact:** *Travis O'Shaughnessy* *Connected and Active Communities Project Officer* *Phone: 0447 750 529* *Email: toshaughnessy@lwdc.sa.gov.au*

APPLICANT DETAILS						
Full Name						
Phone Number		Email Address				
Full Residential Address						
Gender						
Are you over 18 years of age?			Yes ☐		No ☐	
What sport clubs are you involved with?						
What roles have your previously or currently completed?	An athlete ☐		An administrator ☐			
	A coach ☐		A board member ☐			
	An official ☐		A media professional ☐			
	Other (specify)					
Please advise if you have disabilities that may require assistance and advise support you may require.						
Do you identify as Aboriginal or Torres Strait Islander?			Yes ☐		No ☐	

As part of the application, you need to complete three questions (one per page).

You will also be required to provide a letter of support from your sporting club as part of the application process.

Government of South Australia
Office for Recreation, Sport and Racing
SPORT SA
Renmark Paringa Council
Berri Barmera Council
District Council of Loxton Waikerie
Connected and Active Communities | Riverland

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QUESTION 1

Describe your current position in sport and previous relevant experience (500 words)

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QUESTION 2
How will this opportunity contribute to the applicant's development and career or volunteer aspirations in sport (500 words)

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QUESTION 3

Outline how the applicant's participation in the program would benefit your organisation and the sport community (500 words)

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APPLICANT SIGNATURE	
By submitting this application, applicants acknowledge they have read the Marjorie Jackson-Nelson Centre for Women's Sport Application Guidelines and agree to comply with the program requirements and obligations outlined within if selected.	
Full Name	
Signature	
Date	