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**NCWSBA Wool Broker Award  
CANDIDATE APPLICATION FORM**

NAME:

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COMPANY

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ADDRESS

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TOWN

POSTCODE

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PHONE

MOBILE

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EMAIL

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YEARS IN INDUSTRY WOOL BROKING

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BRIEF EMPLOYMENT HISTORY

EMPLOYER	START DATE	YEARS	POSITION

**PLEASE PROVIDE FULL DETAIL AGAINST THE NINE SELECTION CRITERIA IN A WRITTEN SUBMISSION TO BE PROVIDED WITH THIS APPLICATION FORM.**

**APPLICATIONS CLOSE ON 1<sup>ST</sup> JULY**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_