



THE VOICE OF GOULBURN

Radio Presenters Application Form

Name:

Address:

Suburb: State:..... Post Code:

Postal Address (if different to above)

Suburb: State:..... Post Code:

Date Of Birth:

Do you have any radio experience?:

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What type of programme are you interested in presenting?:.....

.....

Please Note: The Board of Management will be required to approve or decline your application and may alter the programme you present based on future programming decisions.