



# The Heads

SHOALHAVEN HEADS GOLF CLUB LTD

## LEAVE OF ABSENCE (LOA) APPLICATION FORM

**To Be Completed by Applicant.**

**Each question below must be answered Items 1 -13.**

1	Name	
2	Address	
3	Contact Number	(h) (m)
4	Email Address	
5	Membership Number Must have been a member for at least 3 years or more	
6	Nature of Illness or injury	
7	Supporting Medical documents provided.	<i>(*see note below)</i>
8	Period of LOA Requested. (not less than 3 months nor greater than 12 months)	
9	Expected Commencement Date	
10	Expected Return Date (approximate date will do)	
11	Any Other Comments	
12	Signature of Applicant	
13	Date of Application	
	<b><i>*Important Note</i></b>	<b><i>A letter signed by a GP or other medical professional on headed paper stating that the individual is under their care and is unable to play golf for (state period of time or for foreseeable future).</i></b>

Form LOA Issue 1

Each application will be acknowledged and put to the next Board meeting for approval.



**For Club Use Only.**

14	Date Application Received By Membership Secretary	
15	Date Application Approved	
16	Date Applicant Advised	
17	Date ProShop Advised	