



**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) will suffice.</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	