



A sustainable and accessible local voice that reflects and enriches the diversity of our community

Program Application Form

Your Name(s) _____

Name of your Show _____

Your contact details:

Phone _____

Email _____

Brief Description of your Show _____

Preferred Day _____ Preferred Time Slot _____

How frequently? (please circle) Weekly Fortnightly Monthly

Would you like your program shared to other sites? (please circle) Yes No

Presenters Undertaking

I have read the attached Station Etiquette and agree to abide by these guidelines. I also accept that all final decisions regarding radio program content, name and time slot (day/time etc) remain the domain of the Local Site Co-ordinator. If I am offered a program different to that on this form, that this will be discussed with me by the Local Site Co-ordinator. I also agree to do my best to commit to presenting the program outlined on this form and if this commitment needs to change I will discuss this with the Local Site Co-ordinator.

Your signature _____ Date _____

Inc. A0054568E ABN 36645346178

Adopted March 2014
Review October 2021