



EXPRESSION OF INTEREST

SALEYARD ATTENDANT

Name of Person/Organisation	
Contact Address, including postcode	
ABN/ACN	
Contact Name (authorised representative)	
Telephone Number	
Email Address	
Company Website (if applicable)	
Hourly Rate	
Professional Indemnity Insurance Details	
Referee 1: Name/Business Name, Relationship, Contact details	
Referee 2: Name/Business Name Relationship Contact details	

The background of the page features a series of horizontal black lines. Overlaid on these lines are several large, semi-transparent yellow shapes that resemble stylized leaves or petals, arranged in a circular pattern.

Date: _____

**Signature of the Applicant
or Authorised Representative**