



CIRCULAR 1378

Amended August 2018

Call for 2018 – 19 SLSCC Representative Team Management Nominations

Audience: Club Presidents, Directors of Administration, Directors of Surf Sports
Date: 7 August 2018
Contact: Julie-Ann – Support Officer
Phone: 4353 0299
Email: support@slscc.com.au

Summary	Nominations for Representative Team Management positions for 2018/2019 season
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SLSCC are calling for nominations for Representative Team Management positions to guide and develop the Interbranch training squad over the next two years. These positions are for a two year term, for the 2018 and 2019 NSW Interbranch Championships.

These positions require motivated, passionate people to lead our representative team and to ensure representatives fulfil their maximum potential.

The positions that are now being called are listed below:

- Team Coach
- Assistant Team Coach – Water (3)
- Assistant Team Coach – Beach (2)
- Assistant Team Manager
- Chaperones (3)

The position descriptions are also attached for your information.

The nominations will be presented to the SLSCC selectors, to provide recommendations to the Board of Surf Sports and the SLSCC Directors who will select the successful candidates

If you would like further information or are interested in nominating for one of the SLSCC positions mentioned, please complete the nomination form and return to Julie-Ann at support@slscc.com.au no later than **4pm Wednesday 29th August 2018**

Kind Regards

David Unger
Director Surf Sports

2018-19 SLSCC Representative Team Management NOMINATION FORM

Personal Details:

Club:			
Full Name:			
Postal Address:			
E-mail:			
Telephone:	Home:	Mobile:	
Date of Birth:		Gender:	Female / Male
Management Position: <i>(please circle)</i>	Assistant Manager / Coach / Assistant Beach Coach / Assistant Water Coach / Chaperone		

Clothing Details *(Please indicate size required)*

SHIRT – Male XS – S – M – L – XL – 2XL	SHORTS – Male XS – S – M – L – XL – 2XL	SHIRT – Female XS – S – M – L – XL – 2XL	SHORTS – Female XS – S – M – L – XL – 2XL

NOMINEE ENDORSEMENT			
I, _____ have read and understood the roles and responsibilities as outlined in the position description and agree to nominate for the position of _____. In signing this form I acknowledge that the information in this application is accurate to the best of my knowledge. Signed _____ Date _____			
CLUB ENDORSEMENT – (must be signed by a member of Club Executive)			
I certify that _____ is a member of _____ and that this application has the endorsement of the club.			
Name:		Signed:	
Position:		Date:	

Privacy Act Information

By submitting this form you are:

1. Consenting to Surf Life Saving Central Coast using these details for the purpose of administration.
2. Acknowledging your right to access, and if necessary correct this information in accordance with the Privacy Act, and subsequent amendments.

Applicant Name: _____

SURF LIFE SAVING QUALIFICATIONS

SURF LIFE SAVING EXPERIENCE

WHY WOULD YOU BE THE MOST SUITABLE APPLICANT FOR THIS POSITION