

APPLICATION FORM TO NOMINATE AS A DIRECTOR OR DEPUTY DIRECTOR

NOMINATION FOR:					
NOMINEE'S NAME:	(F	Position)			
POSTAL ADDRESS:	(Given Names)		(Surname)		
PHONE : (0)(Perso	(0) _	(Busi	ness)	(Post Code)	
BLUE CARD NO:	EXF	PIRY DATE:			
MOBILE:	EM	AIL:			
MEMBER OF:		SLSC			
Proposed by					
(Print Name)		(Club)	(Signature)	(Date)	
Seconded by					
(Print Name)		(Club)	(Signature)	(Date)	
I agree to the nomination, an (i) I am not prohibited fro (ii) I have read and under (iii) I am the holder of a "V	om holding office of an inc	corporated con	co comply with the Code; ar	nd	
(Nominee's signature)			((Date)	
ENDORSED BY: (must be a Cl	ub/ Branch Executive Off	icer)			
(Club)	(Position)		(Signature)	(Date)	
(Branch)	(Position)		(Signature)	(Date)	



NOMINEE PROFILE

SURF LIFE SAVING BACKGROUND

Please provide a brief overview of your involvement in Surf Life Saving at Club, Branch, State and/or National levels e.g. years of membership, positions held, major achievements.			
SLSA AWARDS/ACCREDITATIONS/QUALIFICATIONS RELE	VANT TO THE POSITION		
(Award/ Accreditation/ Qualification)	(Date)		
(Award/ Accreditation/ Qualification)	(Date)		
(Award/ Accreditation/ Qualification)	(Date)		
(Award/ Accreditation/ Qualification)	(Date)		
(Award/ Accreditation/ Qualification)	(Date)		
(Award/ Accreditation/ Qualification)	(Date)		



PROFESSIONAL HISTORY

	Please provide a brief overview of your relevant professional history (both paid and volunteer) and and qualifications you deem relevant to the Directorship role for which you are applying.
5.	Ability to commit sufficient time and energy to the role of Director (please refer to the relevant job description for an anticipated time commitment expectation for the role for which you are applying)
6.	Reasons for nominating for a Director's position (e.g. major goals and/or issues you wish to focus on?)

I have read the job description in relation to this role and understand the expectations

