



CIRCULAR 1391

Released August 2018

Surf Sports Carnival Positions

Audience: Club Presidents, Directors of Administration and Directors of Surf Sports

Date: 16 August 2018

Contact: Julie-Ann – Support Officer
Phone: 4353 0299
Email: support@slscc.com.au

Summary	SLSCC is calling for interested members to nominate for Surf Sports Carnival positions for the 2018/2019 season
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Surf Life Saving Central Coast Board of Surf Sports invites interested members to nominate for the following carnival positions:

- Water Safety Coordinator
- Carnival IRB Coordinator
- Scrutineer Coordinator
- Carnival Announcer
- Referee Steward – Juniors
- Referee Steward – Opens
- Referee Steward – Masters

It is important that these positions are filled to ensure the smooth operations of our surf sports carnivals and events in 2018-2019

Please complete the nomination form below and return to support@slscc.com.au or Branch Office by 11am on Monday 17 September 2018.

For any additional information then please contact Julie-Ann on 43 53 0299

Kind Regards

David Unger
Director of Surf Sports

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Australian for life.

SLSCC Surf Sports Positions Nomination Form

Position: *Tick the box for the position that you wish to nominate for ✓*

<input type="checkbox"/> Carnival Announcer	<input type="checkbox"/> Water Safety Coordinator	<input type="checkbox"/> Carnival IRB Coordinator
<input type="checkbox"/> Scrutineer Coordinator	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Referee Steward – Masters	<input type="checkbox"/> Referee Steward – Opens	<input type="checkbox"/> Referee Steward – Juniors

Personal Details:

Club:	
Name:	
Postal Address:	
E-mail Address:	
Phone:	Mob:

Qualifications (specific to the position for which you are nominating)

Surf Official Level One	Date of award: ___ / ___ / ___.
Surf Official Level Two	Date of award: ___ / ___ / ___.
Surf Official Level Three	Date of award: ___ / ___ / ___.

Relevant Experience:

Level	Position	No. of Seasons	Dates
Club			
Branch			
State			
National			

Nomination must be signed by Club Executive member			
I certify that _____ is a member of _____			
and that this application has the endorsement of the club.			
Name:		Signed:	
Position:		Date:	

Signature of applicant _____ *Date* _____

In signing this form I acknowledge that:

- The information in this application is accurate to the best of my knowledge.
- This is a nomination form and does not guarantee selection.
- If selected, photographs may be taken of me during operations & used at a later time for marketing and promotional purposes.
- No further permission will be required by SLSCC.

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.

Return completed application:

Email: support@slscc.com.au **Fax:** (02) 4353 0298

Post: Surf Life Saving Central Coast, PO Box 5029, Chittaway Bay, NSW 2261