



Circular

Title: Australian Surf Life Saving Championships 2016 – Medical Personnel: Call For Nominations
Document: 57/15-16
Department: Sport
Audience: State/Territory Surf Sport Managers, Directors, Club Secretaries, Branches, State/Territory CEO's Sport Standing Committee
Summary: SLSA is calling for qualified personnel to nominate as Medical Personnel at the Australian Surf Life Saving Championships 2016 to be held at Moorchydoore, Alexandra Headland & Mooloolaba Beach from Saturday 16 April till Sunday 24 April.

Surf Life Saving Australia would like to call for nominations for qualified medical personnel to assist us in the delivery of the Australian Championships on the Sunshine Coast April 16-24.

To successfully hold "The Aussies" SLSA have medical requirements we must delivery to ensure the safety and wellbeing of all participants and spectators involved.

SLSA ask that any interested individuals wishing to provide their medical expertise to the event that they complete the below application form and send to SLSA for consideration and appointment.

Introduction: The Australian Surf Life Saving Championships or better known as 'The Aussies' dates back to the first edition conducted at Bondi Beach in March 1915. In the years since, The Aussies has become a major event on the Australian sporting landscape, with participation exceeding the number of competitors involved in the Commonwealth Games.

The Aussies is the largest event of its kind in Australia. Taking place over nine days, it brings together thousands of Surf Life Saving competitors representing their Surf Club and for the chance to be deemed Australia's best. The Aussies comprises of beach and ocean events typically in one location (2km of beach), however for 2016, the events will be held across three separate locations on the Sunshine Coast.

Event purpose: To bring together the Surf Life Saving national movement and the community in a safe and spirited celebration of the best of our lifesaving traditions, culture and sport.

2016 Location: Maroochydore, Alexandra Headlands, and Mooloolaba, Sunshine Coast, Queensland

Date: Saturday 16th April to Sunday 24th April 2016

Schedule of events:

- Australian Youth Surf Life Saving Championships Saturday 16th– Sunday 18th April 2016
- Australian Masters Surf Life Saving Championships: Monday 18th–Tuesday 19th April 2016
- Australian Open Surf Life Saving Championships: Wednesday 20th – Sunday 24th April 2016

FURTHER INFORMATION

Should further information be required please contact the events team at:

events@slsa.asn.au

Surf Life Saving Australia

Locked Bag 1010

ROSEBERY NSW 2018

Phone: (02) 9215 8000

Fax: (02) 9215 8180



MEDICAL PERSONNEL – NOMINATION FORM

Privacy

- These personal details are being collected by Surf Life Saving Australia for the purpose of appointing Medical personnel for the 2014 Australian Surf Life Saving Championships.
- This information will not be disclosed to third parties
- You have the right to access at any time the information held about you by Surf Life Saving Australia.

PERSONAL DETAILS

First Name	_____	Last Name	_____
DOB	_____	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	_____		
Suburb	_____	State	_____
Email	_____		
Mobile	_____	Dietary restrictions	_____

AVAILABILITY

YOUTH	Sat (16/4)	Sun (17/4)	
	<input type="checkbox"/> 7am - midday <input type="checkbox"/> Midday – 5pm	<input type="checkbox"/> 7am - midday <input type="checkbox"/> Midday – 5pm	
MASTERS	Mon (18/4)	Tues (19/4)	
	<input type="checkbox"/> 7am - midday <input type="checkbox"/> Midday – 5pm	<input type="checkbox"/> 7am - midday <input type="checkbox"/> Midday – 5pm	
OPENS	Wed (20/4)	Thurs (21/4)	Fri (22/4)
	<input type="checkbox"/> 7am - midday <input type="checkbox"/> Midday – 5pm	<input type="checkbox"/> 7am - midday <input type="checkbox"/> Midday – 5pm	<input type="checkbox"/> 7am - midday <input type="checkbox"/> Midday – 5pm
	Sat (23/4)	Sun (24/4)	
	<input type="checkbox"/> 7am - midday <input type="checkbox"/> Midday – 5pm	<input type="checkbox"/> 7am - midday <input type="checkbox"/> Midday – 5pm	

OFFICIATING AND QUALIFICATION DETAILS

List Medical Qualifications	<ul style="list-style-type: none"> • • • •
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Medical Qualifications/Awards <i>(attach any relevant documentation)</i>	Date of Issue	Certificate No:
	Date of Issue	Certificate No:
	Date of Issue	Certificate No:
Insurance	If you are a doctor do you have personal insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES for the above question: Does this cover acting as a volunteer in a community sporting event? <input type="checkbox"/> Yes <input type="checkbox"/> No Which states does this insurance cover? <input type="checkbox"/> QLD <input type="checkbox"/> NSW <input type="checkbox"/> SA <input type="checkbox"/> VIC <input type="checkbox"/> WA <input type="checkbox"/> TAS <input type="checkbox"/> NT <input type="checkbox"/> ACT	
Shirt Size	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL <input type="checkbox"/> XXXXL <input type="checkbox"/> XXXXXL	

Please complete details below if you are also a member of a Surf Club:

OFFICIATING DETAILS

Club name	Accreditation Level	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Licence #	Expiry Date	Years Officiating		

**For your information under SLSA Insurance policy, volunteer doctors are not provided with any form of cover and will need their own personal insurance. However volunteer nurses and first aid officers are covered to administer first aid assistance only.*

Signature: _____	Date: _____
<i>by signing this form (or typing your name) you warrant that the information you have provided is true and correct and that you have read, understand and agree to abide by the SLSA Member Safety & Wellbeing Policy and Code of Conduct</i>	

Nominations will only be accepted through the below channels and a confirmation email will be sent upon receipt. Please ensure you print or save a copy of the completed nomination form for reference purposes.

Interactive PDF submission: If you have completed the fields of this form electronically, please click print then send the form to SLSA by post, fax or save a copy and send by email.



CONSENT STATEMENT:

1. I agree to delegate my authority to SLSA, who may take any action deemed necessary to ensure the safety, wellbeing and successful conduct of the Officials as a group, or individually.
2. I authorise SLSA to obtain medical assistance for me at its discretion in the event of illness or an accident. I agree to pay all medical expenses incurred in the provision of such assistance for me via my medical insurance.
3. I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.
4. I submit the above medical information and include details of limitations which I may have.
5. I agree to provide updated medical information to SLSA if needed, to keep the information on this form accurate.

NOTE: It is the individual's responsibility to ensure that they are adequately covered for Medical, Hospital, Dental and Personal Accident & Injury Insurance.

6. I acknowledge that the information provided by me in this form is governed by the SLSA Privacy Policy.

SIGNATURE: _____

DATE: _____