



Expression of Interest – Rescue Water Craft Working Group

- ✓ Please type all responses
- ✓ Applications must be endorsed by relevant club and state/territory
- ✓ EOIs must be submitted by **10 July 2015** (no late submissions will be accepted)
- ✓ Meeting date scheduled for 28 July 2015 at SLSA HQ, Rosebery NSW 2018
- ✓ EOIs should include a current resume
- ✓ Please return EOI to:
SLSA Portfolio Administration Coordinator, Mikyla Cleal
mcleal@slsa.asn.au
OR
Locked Bag 1010
Rosebery, NSW 2018

Selection process

All expressions of interest will be considered by the relevant SLSA Chair.

Privacy

These personal details are being collected by Surf Life Saving Australia for the purpose of electing office bearers for Surf Life Saving Australia Limited. The personal information will be disclosed to the Board and Surf Life Saving Australia staff. If elected, the personal information will be held on the SLSA Database and published in the SLSA Directory. Details from the SLSA Database will not be disclosed to any further parties unless such disclosure is required as part of the normal and proper business of SLSA or the law. You have the right to access the information held about you by Surf Life Saving Australia.

This **Expression of Interest** is made by:

_____ for the position of: _____
(Nominees Name)

Proposer:	_____	Signature:	_____
	(Name)		
Position:	_____	Date:	_____
Seconders:	_____	Signature:	_____
	(Name)		
Position:	_____	Date:	_____

Nominees details

First Name	_____	Last Name	_____
Spouses Name	_____	Virgin Velocity No.	_____
Club	_____	SLSC	_____
Date of birth	_____	Male / Female	_____
Address	_____		
Town/State	_____	Postal Code	_____
Phone (H)	_____	Phone (W)	_____
Phone (M)	_____	Fax	_____
Email	_____		

Nominees Endorsement

I, _____ agree to my nomination to the office of _____
 and further acknowledge and agree to comply with the duties, responsibilities and codes of conduct of this position and SLSA.

 (Signature)

 (Date)

State/Territory Endorsement

State/Territory _____	Name, and position of state/territory contact	_____	_____
		Name	Signature
		_____	_____
		Position	Date

Office use only (This section must be completed by state/territory centre before being forwarded to SLSA)

Nomination received on: _____	Necessary Parties notified (Yes/No) _____
Membership Category _____	Membership Approved (Yes/No) _____

Please provide responses to the following questions related to the desired skills and experiences for the position.

Background/Experience

1. Please provide an overview of your background and experience in Surf Life Saving in relation to the role for which you are applying.

Skills and Attributes

2. Skills, qualifications and experience for the role.
3. Experience and ability to provide regular reports and the time and energy to action recommendations.
4. Analytical skills to be able to assess a broad range of evidence and communication skills in order to influence decision making.

Resume

Please attach a personal resume.



Surf Life Saving Australia Terms of Reference	
Committee Name:	Gear and Equipment Technical Working Group- Rescue Water Craft
Authorised by:	Surf Life Saving Australia CEO
Date of establishment:	July 2015
Term of Office:	<ul style="list-style-type: none"> Independent members shall be appointed for a period of 1 year.
Purpose:	To develop, implement and monitor compliance of new SLSA Rescue Water Craft (RWC) specifications.
Roles:	<ul style="list-style-type: none"> Contribute to the review, development and maintenance of SLSA RWC specifications. Provide insights and recommendations to SLSA relating to any current or future gear and equipment that may impact on volunteer lifesaving operations. Identify, discuss, and develop solutions to any challenges or concerns arising from the volunteer lifesaving membership related to gear and equipment in lifesaving operations.
Authorities and Limitations:	<ul style="list-style-type: none"> Can make recommendations to SLSA Portfolio Administration Coordinator for his/her consideration. The Working Group's deliberations and recommendations are confidential.
Composition:	<p>Working Group shall be comprised of:</p> <ul style="list-style-type: none"> 5 independent members appointed by SLSA CEO(or his/her delegated officer) SLSA Staff Member SLSA National Technical Advisers <p><i>Note 1: Visitors and/or observers may attend meetings by prior consent of SLSA.</i></p>
Skills	<p>Members appointed to the Working Group will be appropriately qualified and/or have experience in one or a number of the following:</p> <ul style="list-style-type: none"> Experience/knowledge with Rescue Water Craft Powercraft Operations Lifesaving Operations Injury Prevention Risk Management Hold qualifications relevant to the equipment class
Reports to:	SLSA Portfolio Administration Coordinator
Meeting Schedule:	<ul style="list-style-type: none"> At least once per year and/or on a per technical review basis
Provision of Recommendations:	<p>SLSA Portfolio Administration Coordinator shall present recommendations to the Lifesaving Management Committee, who have the right to determine the final recommendation. Endorsement of the final recommendation shall be presented to the 3 SLSA Committee Chairs (known as CCCF) who shall sign off on the recommendation and/or recommend it go through to SLSA CEO and SLSA Board to make final decision.</p>