

By completing the following Form you are nominating as a representative on the RLSSA National Sport Committee.

This Nomination Form requires endorsement by the CEO (or delegate) of the nominee's RLS State/Territory Member Organisation. Appointment is for a period of up to **two years**.

### PERSONAL DETAILS

<b>First Name:</b>		<b>Surname:</b>	
<b>Phone Number:</b>		<b>Email:</b>	
<b>D.O.B.:</b>		<b>RLS STMO:</b>	
<b>Home Address:</b>			
<b>Position Nomination For: (Select one)</b>	Coach Representative <input type="checkbox"/> Official Representative <input type="checkbox"/>	Athlete Representative <input type="checkbox"/> STMO Representative <input type="checkbox"/>	

### EXPERIENCE

Please provide an overview of relevant experience for the Committee position that you are nominating for:

### QUALIFICATIONS

Please list any relevant qualifications for the Committee position that you are nominating for:

### STATE / TERRITORY MEMBER ORGANISATION (STMO) VALIDATION AND ENDORSEMENT

I declare that:

- All information provided on this nomination form is correct;
- I agree to the National Sport Committee Terms of Reference;
- I am prepared to contribute to the work of the RLSSA National Sport Committee in good faith and to the best of my ability;
- I agree to the responsibilities set out in the applicable Position Description (Coach, Officials and Athlete Representative)
- In representing an RLS STMO, I will represent the collective views of my State/Territory and facilitate consultation with STMO staff and sport members.

<b>Nominee Signature:</b>		<b>Date</b>	
<b>STMO CEO Endorsement:</b>	NAME:  SIGNATURE:	<b>Date</b>	

Please return this form completed to the RLSSA Lifesaving Sport & Development Project Officer:

E: [cturner@rlssa.org.au](mailto:cturner@rlssa.org.au)  
PO Box 558, Broadway NSW 2007