

Application for Surf Life Saving (Northern Region and New Zealand) Board of Directors



SURF LIFE SAVING®

The following information is requested by and provided for Surf Life Saving (Northern Region and New Zealand).

The information collected will be retained for as long as necessary to effect the appointment process and normally will be destroyed no later than 90 days after the conclusion of the appointment process.

Please complete the following information

Please print in **BLOCK LETTERS**

Section 1 - Candidate's details

Full name

Club

Phone number

Mobile

Email

Involvement in Surf Life Saving
(years)

☐

<1

☐

1-3

☐

3-5

☐

5-10

☐

10-15

☐

15+

Section 2 - Supporting information

Current Position/Title

Name of business

Areas of Expertise
(Please select relevant
areas)

☐

Governance

☐

Governance - NFP's

☐

Governance - Member Organisations

☐

Surf Life Saving

☐

Water Safety

☐

Sport and Recreation

☐

Change Management

☐

Accounting and Finance

☐

Health and Safety

☐

Government Advocacy

☐

Fostering Diversity

☐

Other

If 'Other' – please describe



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Academic and professional qualifications – please specify

Details of current or past service to Surf Life Saving or profession (include membership of any clubs and/or previous local/regional/national/international roles)

Other Professional Memberships and roles not included above

Experience of relevance to the role – please include previous roles

Candidate statement to support your candidacy with 150 words on ‘what you would bring to the role’.

PRIVACY STATEMENT

Privacy is important to Surf Life Saving Northern Region. We will collect, use and disclose the personal information that you provide to us in this application form for the primary purpose of assessing and processing this application as a member of the SLSNR and SLSNZ Board of Directors in New Zealand. If you do not provide the information requested by us, we may not be able to process your application. We will disclose a summary of the information provided to us in this form to members of the Surf Life Saving Northern Region Appointments Panel to assess your nomination.

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I confirm that I have read, understood and agreed to the important information contained in the Privacy Statement above.

DECLARATIONS

- I confirm that the details supplied in this document are true and correct and that there are no past, current or impending criminal or civil matters that might in any way impair my ability to fully and acceptably fulfil the governance and representative responsibilities of the position.
- I agree that in the event that I am appointed to the SLSNZ and SLSNR Board I will be required to agree to SLSNR's and SLSNZ's appointment letter and confidentiality agreement and that this is a condition of my appointment in this position.
- I agree that in the event that I am appointed to the SLSNR and SLSNZ Board I will be required to, and agree that I will, abide by SLSNR's and SLSNZ's policies and procedures.

Signature

Name:

Date:

☐

I acknowledge and agree that by checking this box I will be taken to have signed this form by hand for the purposes of all relevant laws, that I warrant the accuracy and truthfulness of the information provided in this form, and that Surf Life Saving Northern Region is entitled to and will rely on my checking this box as if I had signed this form by hand.

Please submit this form together with any additional resume information to SLSNR by

email to: zac.franich@surflifesaving.org.nz