

Vigilance and Service

October 2016

To: Club Executives; Surf Sports Managers; Junior Chairpersons
From: Keith Caldwell, Director of Surf Sports
Date: 23 October 2015
Subject: Expression of Interest is called for Team Management positions 2016 SLSI Branch Team

Expression of Interest is called for Team Management positions for the 2016 Surf Life Saving Illawarra Branch Team to contest the 2016 NSW Inter Branch Championship to be held at The Lakes SLSC hosted by Central Coast Surf Life Saving and supported by Surf Life Saving New South Wales on Saturday 10 and Sunday 11 December 2016.

Please find attached a copy of the 2016 SLSI Branch Team Management expression of interest form. Please highlight any experience with coaching, managing and or chaperoning club teams or representative teams.

You must be available from Friday 9 December right through to Sunday 11 December, 2016 to stay with the team at its accommodation and assist with the requirements of the team during competition days.

Please ensure an email address & phone number is supplied on the form.

The applicant must be a financial member of their club for season 2016-2017.

Expression of Interest needs to be returned no later than close of business Monday 14 November, 2016 to:

Surf Life Saving Illawarra
64 Smith Street Wollongong
PO Box 6 Wollongong
Fax 61242269080
office@sillsillararra.com.au



EXPRESSION OF INTEREST TEAM MANAGEMENT 2016 BRANCH TEAM

Name: _____ Club: _____

Address: _____

Phone: (h) _____ (w) _____ Mobile: _____

Email address: _____

Position applying for:

HEAD COACH – must have current Surf Sports Coach qualification (at least Level 1)

WATER COACH (2 spots)

BEACH COACH

CHAPERONE (2 spots)

TEAM MANAGER

ASSISTANT TEAM MANAGER

- Please note at least 2 of the management positions must be female.

BRIEF DESCRIPTION OF ROLES PREVIOUSLY HELD WITHIN A TEAM ENVIRONMENT:

CLOTHING:

Female:	L8	L10	L12	L14
Male:	M16	M18	M20	

Are there any special medical/health needs that SLSI needs to know? Yes No

If yes, please specify: _____

Medicare number: _____

Signed: _____ Date: _____

Club Endorsement: _____ Position: _____

Any further enquiries please contact Keith Caldwell on 0414 258 295 or surfsports@slsillawarra.com.au