



Surf Life Saving Australia Ltd
 Locked bag 1010, Rosebery NSW 2018
 789 Botany Rd, Rosebery NSW 2018
 Phone: (02) 9215-8072
 ACN 003 147 180
 ABN 67 449 738 159
www.slsa.asn.au

The Royal Life Saving Society Australia
 PO Box 558
 BROADWAY NSW 2007
 Phone: (02) 8217-3111



ABN 71 008 594 616
www.royallifesaving.com.au

AUSTRALIAN LIFE SAVING TEAM SELECTION POLICY 2.3d

Application for Selection – Rescue 2012

Coaches/Manager/Sports Science/Physiotherapist

- ✓ Please print clearly.
- ✓ Please attach additional information if space is not sufficient.
- ✓ Please attach supporting documents outlining relevant skills and experience

Privacy

- These personal details are being collected by Surf Life Saving Australia and Royal Life Saving Society Australia for the purpose of **selection of the Australian Lifesaving Team to compete at Rescue 2012 World Championships.**
- The personal information will be disclosed to **the National Selectors** for the purpose of **selection.**
- You have the right to access the information held about you by the Surf Life Saving Australia and Royal Life Saving Society Australia.

Personal details (Please provide name as it appears on your passport)

First Name _____	Last Name _____
Date of birth _____	Male / Female (please circle)
Address _____	
Town _____	State _____ Postcode _____
Phone (H) _____	Passport No. _____
Phone (M) _____	Passport Exp. _____
Email _____	

I apply for selection in the Australian Lifesaving Team to compete at Rescue 2010 World Championships as a

(Insert position):

(Ocean Coach, Pool Coach, Team Manager, Sport Scientist or Physiotherapist).

Nominations will close on Friday, 24th February, 2012.



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At the time of signing this form I acknowledge that:

1. I have been provided with a copy of the Australian Life Saving Team Selection Policy and Team Policy, which I have read and understood.
2. I agree to abide by the terms and conditions of the Selection Policy, the SLSA or RLSSA Constitution and Regulations.
3. I will not pursue any action whether under the SLSA or RLSSA Constitution or otherwise in relation to selection.
4. In the event I am selected I will sign the Australian Life Saving Team Selection Policy (*must be made available with nomination*) and will agree to be bound by the terms and conditions of that Policy.
5. By signing this form I warrant that I am eligible for selection and in particular that I am a current member of SLSA/RLSSA (delete as applicable).

(Note: If a member of both Associations a copy of the application must be sent to both Associations)

6. If you are a member of both Associations indicate which Association is to submit the nomination to the Selectors: SLSA/RLSSA.
7. I am available between the dates of November 7th and November 18th, additionally I will be available for any pre-event camps (notification of dates will be provided as soon as possible).

Signed:..... (member)

Signed:.....
(by parent/legal guardian where member under 18 years of age)

Dated: