



# CIRCULAR 3087

Released October 2008

## 2009 JUNIOR LIFESAVER OF THE YEAR Nomination and State Finalist Process

**Audience:** Branch Presidents & Executive, Club Presidents & Executive, U/14 year members

**Actioned By:** Branch Presidents & Executive, Club Presidents & Executive, U/14 year members

**Date:** October 2008

**Contact:** Kim Rando, Member Services Officer  
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<b>Summary</b>	This circular details the nomination process for the NSW Junior Lifesaver of the Year Development Camp and Award.
<b>Objective</b>	The Development Camp is about involving Branch finalists in an experience that is rewarding, informative and fun! Interviews for the Junior Lifesaver of the Year award will be held during the Camp, with the male and female winner being announced at the State Age Championships.
<b>Action</b>	Branches to submit nominations to SLSNSW by <b>Monday 12 January 2009</b> .

Surf Life Saving New South Wales is seeking nominations for the 2009 Junior Lifesaver of the Year award. The award is a way for Clubs and Branches to recognise their Under 14 member's achievements in surf lifesaving and the contributions they have made to surf life saving at all levels and in the community.

All under 14 members who believe they could be the next Junior Lifesaver of the Year should apply through their Branch. The male and female Branch winners will then progress to the State Development Camp and interview process to determine the State winners.

### The nomination process

Nominees and Clubs should seek further information from their Branch as to any additional requirements for submission at Branch.

Branches are invited to submit one female and one male nomination for the 2009 SLSNSW Junior Lifesaver of the Year award.

Nominations must be completed with questionnaire and medical information attached. Resumes will not be considered by the judges, and should not be included with the nomination forms.

All nominations are to be endorsed by Branches and returned to Surf Life Saving New South Wales by **Monday 12 January 2009**.



**Nominees must have completed their SRC to be eligible for the Junior Lifesaver of the Year award and Development Camp.**

Successful applicants will be advised of their placing as finalists and are then required to attend the Junior Lifesaver of the Year Development Camp, 17-19 February 2009, at Challenge Ranch, Somersby.

All finalists will be required for the award presentation at the State Age Championships, 22 February 2009, at Swansea Belmont, where the male and female winners will be announced.

The criteria for selection will be based on the nominee's achievements in the following areas:

- Contribution to Surf Life Saving
- Demonstration of leadership roles in Club activities
- Contribution made to the Club
- Awards received in Surf Life Saving and the community
- Involvement in community events outside of Surf Life Saving
- Awareness of Club events and current affairs
- Initiative applied to Club and community activities
- Promotion of Surf Life Saving to the community
- Attendance record at Club activities
- Encouragement of new members
- Demonstration of surf lifesaving knowledge and skills

**The Camp**

The camp aims to further develop members by creating an awareness of the diversity of Branch and State activities, by supporting personal development and goal setting, and by positively recognising members. Best of all, it is an opportunity to meet young surf lifesavers from across New South Wales and be part of a fun experience!

During the Camp, participants will be interviewed by a judging panel of experienced surf lifesavers, assessing individuals on their merit to become the Junior Lifesaver of the Year.

**Nomination submission**

Individual and Club nominations are to be submitted to Branch in accordance with their timelines.

Branch endorsed nominations are due at Surf Life Saving New South Wales Monday 12 January 2009.

Nominations must be endorsed by Branch with relevant documents attached and forwarded to Surf Life Saving New South Wales, marked attention to:

Kim Rando  
Member Services Officer  
Surf Life Saving New South Wales  
PO Box 430  
NARRABEEN NSW 2101

# 2009 JUNIOR LIFESAVER OF THE YEAR APPLICATION FORM

## PARTICIPANT DETAILS

GIVEN NAME

SURNAME

DATE OF BIRTH

MALE/ FEMALE

ADDRESS

POSTCODE

HOME NO.

MOBILE NO.

EMAIL

CLUB

BRANCH

OCCUPATION

SHIRT SIZE

LADIES  8  10  12  14  16  18

MENS  XS  S  M  L  XL  XXL

I give permission for my contact details to be distributed to other participants (name, email, phone no.)  Yes  No

*Privacy. Personal details collected by Surf Life Saving New South Wales are for the purpose of selecting nominations for the 2009 Junior Lifesaver of the Year Development Camp only. Individuals may access this information upon request.*

## CODE OF CONDUCT

1. Once registered, there are no departures from the Program without the approval of the Program Coordinator. Participants will be given permission to leave the Program only in extenuating circumstances.
2. As a participant, you will be role models for Surf Life Saving New South Wales and act in an appropriate manner.
3. No disrespect will be tolerated under any circumstances.
4. Any concerns or disagreements should be reported to the Program Coordinator or the designated Member Protection Officer immediately.
5. While on the Program you will be sharing accommodation with participants of the same gender. You will:
  - Ensure there is no interference with other people's property
  - Treat others with dignity and respect
  - Treat rooms and property with respect
  - Any use of telephones and other services are at your own expense
6. All instructions from the Program Manager and leaders are to be adhered to.
7. Breaches of the SLSA Member Safety and Well-being policy and Child Protection policy and this Code of Conduct may result in immediate expulsion from the Program.

Signed Participant

Date

Signed Parent/ Guardian

Date

# Medical and consent form

## Child

### Participant details

Surname  Given names

Address   
 Postcode

Name of school  School year  NSW Sport and Recreation customer no.

Date of birth  /  /  Age   Male  Female

Are you of Aboriginal or Torres Strait Islander descent? (for statistical purposes only)  Yes  No

Are you or your parents from a Non-English speaking background? (for statistical purposes only)  Yes  No

### Program details

Program type (please circle)  School / Holiday / Community / Sporting / Recreation / Other

Program number (if known)

Venue  Program dates (from)  /  /  (to)  /  /

### Parent/guardian details

	Mother/guardian	Father/guardian	Guardian/other contact
Full name of parent or guardian	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work phone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Special/Dietary needs

Please identify any special needs or requirements eg. diet, wheelchair acces etc

Has he/she had the Combined Diptheria Tetanus Toxoid booster injection?  
 Yes  No Year

Has he/she been immunised against measles?  
 Yes  No Year

### Swimming ability

Strong – 50 metres unaided  Average – 25 metres unaided  Poor – 10 metres unaided  Non-swimmer

## Medical information

Does the participant suffer from any of the following?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Any allergic condition                | <input type="checkbox"/> Skin condition                  | <input type="checkbox"/> Diabetes                     |
| <input type="checkbox"/> Epilepsy, fits or blackouts           | <input type="checkbox"/> A disability or chronic illness | <input type="checkbox"/> Asthma (include asthma plan) |
| <input type="checkbox"/> Attention Deficit Disorder (ADD/ADHD) | <input type="checkbox"/> Sleep walking                   | <input type="checkbox"/> A current illness eg. flu    |
| <input type="checkbox"/> Bed wetting                           | <input type="checkbox"/> Behavioural problems            | <input type="checkbox"/> Other                        |

If yes to one or more, please give details (attach sheet if required)

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Medicare number

Position number  
on Medicare card

Medicare card expiry

 / 

Health care card number

Pensioner health benefits card

Pharmaceutical benefits concession card

Private health insurance fund

Number

Do you have ambulance cover?

Yes  No

## Current medication

	Time and Dosage – Please specify exact time of medication									
	Breakfast		Lunch		Dinner		Before bed		Other	
	Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose
Name eg. Bricanyl	8am	2 puffs	12.30pm	2 puffs	6pm	2 puffs	8pm	2 puffs		

Notes:

- Scheduled medication must be provided in the original container (as required by legislation).
- All medications will be collected and administered by staff, unless notified in writing to the contrary.
- Staff will supervise and register the taking of all medication.

## Media consent

Strike out whichever does not apply:

I agree to allow NSW Sport and Recreation to use my child's/my ward's name and any photographs, sound and film recordings taken of me/my child/my ward at this program for the promotion of the department's services and initiatives to the media and to the general public.

Full name  Parent  Guardian (please tick)

Signature

Date

 /  / 

## Privacy statement

The NSW Department of the Arts, Sport and Recreation of 6 Figtree Drive, Sydney Olympic Park, NSW 2127 will collect and store the information you provide to enable processing of enrolments for Centre programs. The information will be provided to instructors of the program and their supervisors, where necessary, and you consent to this disclosure. If you have been asked for information regarding Aboriginal and Torres Strait Islander descent and cultural background, this information is voluntary and is being compiled for statistical purposes only. Any information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions. The information will only be used for the purpose for which it was collected. Any information provided by you to the department can be accessed by you during standard office hours and updated by writing to us or by contacting us on 13 13 02.

## Risk waiver

Strike out whichever does not apply:

I agree to my child's/ward's attendance at the program noted above.

In the case of an emergency, I authorise the program staff, where it is impracticable to communicate with me, to arrange for me/ my child/ ward to receive such medical or surgical treatment as may be deemed necessary.

I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while I am/ my child/ ward is enrolled with the program.

I understand that although DASR and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken.

Full name  Parent  Guardian (please tick)

Signature

Date

 /  /







