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| NOMINATION FORM  Surf Life Saving SA COACH OF THE YEAR | | |
| **\* ALL SECTIONS OF THE NOMINATION FORM IS TO BE COMPLETED\***  ***(Nomination forms incomplete and/or incorrectly presented will not process to next stage)*** | | |
| **Please note: Nominee may be contacted by a SLSSA staff member/volunteer for more information if required. \*Please provide a day time contact number:** Click here to enter text. | | |
| Name of Nominee: Click here to enter text. | | Club: Click here to enter text. |
| Nominee contact number: Click here to enter text.  Nominee email address: Click here to enter text. | | |
| **You must be a current financial member of SLSA, in good standing.**  **Please ensure your profile in Surfguard is up to date with all awards and proficiencies.** | | |
| Summary: what have been your Three key achievements in the 2016/17 season?   * Click here to enter text. * Click here to enter text. * Click here to enter text. | | |
| Which of the Three above achievements do you consider your most outstanding achievement for 2016/17?  Click here to enter text.  Why do you consider this as your most outstanding achievement?  Click here to enter text.  \*Please attach any relevant documentation. | | |
| List your coaching roles/positions for the 2016/17 season (Club, State, National):   |  |  | | --- | --- | | **Club, State, National** | **Roles/Positions** | | 1. Click here to enter text. | Click here to enter text. | | 1. Click here to enter text. | Click here to enter text. | | 1. Click here to enter text. | Click here to enter text. | | | |
| Outline the achievements of your athletes or teams.   |  |  |  |  | | --- | --- | --- | --- | | **Athlete/Team** | **Age Category** | **Competition/Carnival** | **Placing** | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | | |
| Outline (and give examples) how you encourage the development of your athletes outside of sport.  Outline:  Click here to enter text.  Examples:  Click here to enter text. | | |
| Detail any sports conferences, coaching workshops or accredited courses you have attended:   |  |  |  | | --- | --- | --- | | **Date** | **Location** | **Conference/Workshop/Course** | | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | | | |
| Detail any coaching clinics/conferences/courses you have facilitated or presented at, at any level:   |  |  |  |  | | --- | --- | --- | --- | | **Date** | **Location** | **No. of Participants** | **Involvement** | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |   Detail any resources/publications or sports papers you have had published, or acknowledged by SLSSA or other recognised sport (attached copies):  Click here to enter text. | | |
| Any other information? *(e.g. any contributions made to your Club/State outside of coaching, or any other coaching outside of surf lifesaving)*  Click here to enter text. | | |
| **\*Please note: The winner of this award will be put forward as the SA nominee for the National award and will require attending an interview with SLSSA Awards & Recognition Committee. Please check and be aware of the National application criteria.** | | |
| CLUB ENDORSEMENT | | |
| Name of Club: Click here to enter text. | Name of Club representative: Click here to enter text. | |
| Position: Click here to enter text. | Phone number: Click here to enter text. | |
| Email address: Click here to enter text. | | |
| Comments/endorsement: Click here to enter text. | | |
| Signed: Click here to enter text. | | Date: Click here to enter text. |
| **CHECK LIST:**  **All sections completed**  **Any resources/publications published or acknowledged**  **Photographs attached (JPEG and minimum 2MB in size)**  **Print out of Awards and Proficiencies (found on SLSA Members Portal)**  **Any additional information attached**  **Signed and endorsed by club** | | |