**SLSNZ HIGH PERFORMANCE MANAGEMENT APPLICATION FORM**

|  |  |
| --- | --- |
| Name |  |
| Email |  |
| Mobile |  |

Please tick the roles you would like to be considered for:

|  |  |  |
| --- | --- | --- |
| **Tick** | **Role** | **Priority order****(if ticking more than 1)** |
|  | New Zealand Open Team Manager |  |
|  | New Zealand Open Team Assistant Manager |  |
|  | New Zealand Open Team Coach |  |
|  | New Zealand Open Team Assistant Coach |  |
|  | New Zealand Open Team Physiotherapist |  |
|  | New Zealand Open Team Doctor |  |
|  |  |  |
|  | New Zealand Development Team Manager |  |
|  | New Zealand Development Team Coach |  |
|  | New Zealand Development Team Physiotherapist |  |
|  |  |  |
|  | New Zealand Youth Team Manager |  |
|  | New Zealand Youth Team Assistant Manager |  |
|  | New Zealand Youth Team Coach |  |
|  | New Zealand Youth Team Assistant Coach |  |
|  | New Zealand Youth Team Physiotherapist |  |

What is your level of experience as in the role(s) you are applying for in surf lifesaving and/or other sports (please mark appropriate boxes):

|  |  |
| --- | --- |
| **Surf Lifesaving** | **Other sports** |
| NZ Team |  | NZ Team |  |
| Rep |  | Rep |  |
| Club |  | Club |  |
| Limited |  | Limited |  |

|  |
| --- |
| **Please summarise why you want to be involved in the SLSNZ high performance programme?** |
|  |

|  |
| --- |
| **What are the three key strengths you would bring to the programme?** |
| 1.2.3. |

|  |
| --- |
| **What areas do you feel you would require support and/or complementary strengths in your management team?** |
|  |

Please send this form together with your relevant CV and a brief covering letter to:

Email your application to:

Mike Lord

Sport Manager

Surf Life Saving New Zealand

mike.lord@surflifesaving.org.nz

**Applications close at 5pm, Thursday 31st January 2019.**

For enquires please contact Mike Lord on 0274-571-025