Surf Life Saving New Zealand

Capital Coast Awards  
Nomination Form

### 

### **Updated March 2019**

**NB – Please fill out and return all forms in Microsoft Word (NO PDF’s)**

## **Nomination Form Lifeguard of the Year**

The nominees agree to all nomination details being made public. Details may be used by SLSNZ and/or the club for promotional purposes. Provide as much relevant information as possible for the CURRENT SEASON only. Retrospective information cannot be considered.

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| --- | --- | --- | --- |
| **Nominee details** | | | |
| Name of nominee | |  | |
| SLSNZ membership number | |  | |
| Current club | |  | |
| Contact phone number | |  | |
| Contact email | |  | |
|  |  | | |
| **Nominator details** | | | |
| Your name |  | | |
| Your club and position |  | | |
| Your email address |  | | |
| Your phone number |  | | |
| **Application Details** | | | Detail the relevant contribution the nominee has made in the following areas. |
| *The most important area of selection is the contribution to surf lifesaving during the period from May 1 2018 to April 30 2019. The successful nominee will be seen as a role model for surf lifeguards and therefore should portray a picture of health, knowledge, capability, credibility and leadership.* | | | |
| Patrolling duties |  | | |
| Award training duties |  | | |
| Instructional |  | | |
| Examining duties |  | | |
| Club activities specific to surf lifesaving services |  | | |
| Regional activities specific to surf lifesaving services |  | | |
| Rescue related activities |  | | |
| Personal award development to improve lifesaving  Capability |  | | |
| Advocacy of surf lifesaving / beach safety in the community |  | | |
| Leadership of self and others |  | | |

Please return all nominations to [joss.urbahn@surflifesaving.org.nz](mailto:jacob.davies@surflifesaving.org.nz) by Monday 15 April, 2019

## **Nomination Form Junior (U19) Lifeguard of the Year**

The nominees agree to all nomination details being made public. Details may be used by SLSNZ and/or the club for promotional purposes. Provide as much relevant information as possible for the CURRENT SEASON only. Retrospective information cannot be considered.

|  |  |  |  |
| --- | --- | --- | --- |
| **Nominee details** | | | |
| Name of nominee |  | |
| SLSNZ membership number |  | |
| Current club |  | |
| Contact phone number |  | |
| Contact email |  | |
|  |  | | |
| **Nominator details** | | | |
| Your name |  | | |
| Your club and position |  | | |
| Your email address |  | | |
| Your phone number |  | | |
| **Application Details** | | Detail the relevant contribution the nominee has made in the following areas. | |
| *The most important area of selection is the contribution to surf lifesaving during the period from May 1 2018 to April 30 2019. The successful nominee will be seen as a role model for surf lifeguards and therefore should portray a picture of health, knowledge, capability, credibility and leadership.* ***Nominees must be Under 19.*** | | | |
| Patrolling duties |  | | |
| Award training duties |  | | |
| Instructional |  | | |
| Examining duties |  | | |
| Club activities specific to surf lifesaving services |  | | |
| Regional activities specific to surf lifesaving services |  | | |
| Rescue related activities |  | | |
| Personal award development to improve lifesaving  Capability |  | | |
| Advocacy of surf lifesaving / beach safety in the community |  | | |
| Leadership of self and others |  | | |

Please return all nominations to [joss.urbahn@surflifesaving.org.nz](mailto:jacob.davies@surflifesaving.org.nz) by Monday 15 April, 2019

## **Nomination Form Instructor of the Year**

The nominees agree to all nomination details being made public. Details may be used by SLSNZ and/or the club for promotional purposes. Provide as much relevant information as possible for the CURRENT SEASON only. Retrospective information cannot be considered.

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| --- | --- | --- | --- |
| **Nominee details** | | | |
| Name of nominee | |  | |
| SLSNZ membership number | |  | |
| Current club | |  | |
| Contact phone number | |  | |
| Contact email | |  | |
|  |  | | |
| **Nominator details** | | | |
| Your name |  | | |
| Your club and position |  | | |
| Your email address |  | | |
| Your phone number |  | | |
| **Application Details** | | | Detail the relevant contribution the nominee has made in the following areas. |
| *The most important area of selection is the contribution to overall enhancement of lifeguard capability during the period May 1 2018 to April 30 2019.* | | | |
| Club and Regional Lifeguard training duties |  | | |
| Local/Regional Examining duties |  | | |
| Regional Schools (such as powercraft schools etc) |  | | |
| National Lifeguard School instructing |  | | |
| Personal award development to improve lifesaving capability |  | | |
| Community involvement in surf lifesaving instruction |  | | |
| Advocacy of surf lifesaving / beach safety in the community |  | | |
| Leadership of self and others |  | | |

Please return all nominations to [joss.urbahn@surflifesaving.org.nz](mailto:jacob.davies@surflifesaving.org.nz) by Monday 15 April, 2019

## **Nomination Form Surf Official of the Year**

The nominees agree to all nomination details being made public. Details may be used by SLSNZ and/or the club for promotional purposes. Provide as much relevant information as possible for the CURRENT SEASON only. Retrospective information cannot be considered.

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| --- | --- | --- | --- |
| **Nominee details** | | | |
| Name of nominee | |  | |
| SLSNZ membership number | |  | |
| Current club | |  | |
| Contact phone number | |  | |
| Contact email | |  | |
|  |  | | |
| **Nominator details** | | | |
| Your name |  | | |
| Your club and position |  | | |
| Your email address |  | | |
| Your phone number |  | | |
| **Application Details** | | | Detail the relevant contribution the nominee has made in the following areas. |
| *The purpose of this award is to recognise a member who has made an outstanding contribution to the Officiating of surf lifesaving sport competitions in 2018/2019.* | | | |
| Local, Regional, National and International officiating positions held |  | | |
| The level and quality of officiating achieved |  | | |
| Number of competitions officiated |  | | |
| Development of new or emerging officials in the club or region |  | | |
| Personal development undertaken to improve officiating performance |  | | |
| Advocacy of surf lifesaving / beach safety and surf sport in the community |  | | |
| Leadership of self and others |  | | |

Please return all nominations to [joss.urbahn@surflifesaving.org.nz](mailto:jacob.davies@surflifesaving.org.nz) by Monday 15 April, 2019

## **Nomination Form Coach of the Year**

The nominees agree to all nomination details being made public. Details may be used by SLSNZ and/or the club for promotional purposes. Provide as much relevant information as possible for the CURRENT SEASON only. Retrospective information cannot be considered.

|  |  |  |  |
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| **Nominee details** | | | |
| Name of nominee | |  | |
| SLSNZ membership number | |  | |
| Current club | |  | |
| Contact phone number | |  | |
| Contact email | |  | |
|  |  | | |
| **Nominator details** | | | |
| Your name |  | | |
| Your club and position |  | | |
| Your email address |  | | |
| Your phone number |  | | |
| **Application Details** | | | Detail the relevant contribution the nominee has made in the following areas. |
| *The purpose of this award is to recognise a member who has made an outstanding contribution to the coaching of Surf Sport Teams and/or Individuals in 2018/2019.* | | | |
| Club, Regional and National Coaching Positions |  | | |
| Results achieved due to coaching influence |  | | |
| Number and capability of athletes coached |  | | |
| Personal development undertaken to improve coaching performance |  | | |
| Advocacy of surf lifesaving / beach safety and surf sport in the community |  | | |
| Leadership of self and others |  | | |

Please return all nominations to [joss.urbahn@surflifesaving.org.nz](mailto:jacob.davies@surflifesaving.org.nz) by Monday 15 April, 2019

## **Nomination Form Sportsperson of the Year**

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|  |  |  |  |
| --- | --- | --- | --- |
| **Nominee details** | | | |
| Name of nominee | |  | |
| SLSNZ membership number | |  | |
| Current club | |  | |
| Contact phone number | |  | |
| Contact email | |  | |
|  |  | | |
| **Nominator details** | | | |
| Your name |  | | |
| Your club and position |  | | |
| Your email address |  | | |
| Your phone number |  | | |
| **Application Details** | | | Detail the relevant contribution the nominee has made in the following areas. |
| *The purpose of this award is to recognise an individual who has achieved outstanding results at surf lifesaving sport competitions in 2018/2019.* | | | |
| Selection and achievement at international competition. |  | | |
| Selection and achievement at national competitions. |  | | |
| Selection and achievement at regional competition. |  | | |

Please return all nominations to [joss.urbahn@surflifesaving.org.nz](mailto:jacob.davies@surflifesaving.org.nz) by Monday 15 April, 2019

## **Nomination Form Junior (U19) Sportsperson of the Year**

The nominees agree to all nomination details being made public. Details may be used by SLSNZ and/or the club for promotional purposes. Provide as much relevant information as possible for the CURRENT SEASON only. Retrospective information cannot be considered.

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| **Nominee details** | | | |
| Name of nominee | |  | |
| SLSNZ membership number | |  | |
| Current club | |  | |
| Contact phone number | |  | |
| Contact email | |  | |
|  |  | | |
| **Nominator details** | | | |
| Your name |  | | |
| Your club and position |  | | |
| Your email address |  | | |
| Your phone number |  | | |
| **Application Details** | | | Detail the relevant contribution the nominee has made in the following areas. |
| *The purpose of this award is to recognise an individual who has achieved outstanding results at surf lifesaving sport competitions in 2018/2019.* ***Nominees must be Under 19.*** | | | |
| Selection and achievement at international competition. |  | | |
| Selection and achievement at national competitions. |  | | |
| Selection and achievement at regional competition. |  | | |

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## **Nomination Form Sports Team of the Year**

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|  |  |  |  |
| --- | --- | --- | --- |
| **Nominee details** | | | |
| Team name | |  | |
| Team members | |  | |
| SLSNZ membership numbers | |  | |
| Current club | |  | |
| Contact phone number | |  | |
| Contact email | |  | |
|  |  | | |
| **Nominator details** | | | |
| Your name |  | | |
| Your club and position |  | | |
| Your email address |  | | |
| Your phone number |  | | |
| **Application Details** | | | Detail the relevant contribution the nominee has made in the following areas. |
| *The purpose of this award is to recognise a team who have achieved outstanding results at surf lifesaving sport competitions in 2018/2019.* | | | |
| Selection and achievement at international competition. |  | | |
| Selection and achievement at national competitions. |  | | |
| Selection and achievement at regional competition |  | | |

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## **Nomination Form Volunteer of the Year**

The nominees agree to all nomination details being made public. Details may be used by SLSNZ and/or the club for promotional purposes. Provide as much relevant information as possible for the CURRENT SEASON only. Retrospective information cannot be considered.

|  |  |  |  |
| --- | --- | --- | --- |
| **Nominee details** | | | |
| Name of nominee | |  | |
| SLSNZ membership number | |  | |
| Current club | |  | |
| Contact phone number | |  | |
| Contact email | |  | |
|  |  | | |
| **Nominator details** | | | |
| Your name |  | | |
| Your club and position |  | | |
| Your email address |  | | |
| Your phone number |  | | |
| **Application Details** | | | Detail the relevant contribution the nominee has made in the following areas. |
| *The most important area of selection is the voluntary contribution to overall enhancement of surf lifesaving during the period May 12018 to April 30 2019.* | | | |
| Volunteer contribution to surf lifesaving outputs at Club/Regional/National levels |  | | |
| Management and Administration |  | | |
| Funding / Sponsorship |  | | |
| Recruitment and induction programmes |  | | |
| Image of surf life saving |  | | |
| Promotion and marketing |  | | |
| Aspects of development or innovation the member contributed significantly towards |  | | |
| Demonstrated leadership by the nominee |  | | |
| Personal development undertaken to improve volunteering performance |  | | |
| Advocacy of surf lifesaving / beach safety in the community |  | | |

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## **Nomination Form Innovation of the Year**

The nominees agree to all nomination details being made public. Details may be used by SLSNZ and/or the club for promotional purposes. Provide as much relevant information as possible for the CURRENT SEASON only. Retrospective information cannot be considered.

|  |  |  |  |
| --- | --- | --- | --- |
| **Nominee details** | | | |
| Name of nominee | |  | |
| SLSNZ membership number | |  | |
| Current club | |  | |
| Contact phone number | |  | |
| Contact email | |  | |
|  |  | | |
| **Nominator details** | | | |
| Your name |  | | |
| Your club and position |  | | |
| Your email address |  | | |
| Your phone number |  | | |
| **Application Details** | | | Detail the relevant contribution the nominee has made in the following areas. |
| The purpose of this award is to recognise a member, club, business or group who through innovation have been able to enhance Surf Life Saving New Zealand’s ability to achieve its purpose of ‘preventing drowning in New Zealand’.   * Projects, Programmes or Products will be considered * Must be original or not currently being done elsewhere in NZ * Extent of impact on SLS is a consideration | | | |
| **Describe your Innovation and the impact it has had on SLS:** | | | |

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