**Instructor / Examiner 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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| **About you** (the person making the nomination) | |
| Your name |  |
| Your club and position |  |
| Your email address |  |
| Your phone number |  |

|  |  |
| --- | --- |
| **Nominee details** (the person you are nominating) | |
| Name of nominee |  |
| SLSNZ membership number |  |
| Current club |  |
| Contact phone number |  |
| Contact email |  |

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| **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 1st 2019 to April 30th 2020.* | | |
| Club and Regional Lifeguard training duties |  | |
| Local/Regional Examining duties |  | |
| Regional Schools |  | |
| 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 [Felix.cook@surflifesaving.org.nz](mailto:Felix.cook@surflifesaving.org.nz)by the 30th April 2020