



INNOVATION AWARD

NOMINATION FORM - Year 2024

NOMINEE DETAILS - Individual

Full Name:

SLSNZ Membership #

Photo attached **Yes** **No**
(For reference & media use)

NOMINEE DETAILS - Club or Entity

Club Name:

Entity Name:

Photo attached **Yes** **No**
(For reference & media use)

NOMINATOR DETAILS

Club:

Full Name:

Phone:

Email:

Current Club Role:

Description

Describe the innovation. (Explain 100 words max)

Current Issues

What current issues will this innovation resolve? (Explain 100 words max)

Impact

Describe the impact this innovation will have on surf lifesaving activities and how it will help clubs and surf lifeguards prevent drowning at the beaches in Aotearoa. (Explain 300 words max)

Nominators Signature

If you have any doubts,
please refer to:

Appendix 1
Local/Regional and Nationally
Aligned Awards 2024