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| SLSA Leaders’ Masterclass 2023Application form |

* Please select from items and print in CAPITALS
* Please attach additional information if space is not sufficient
* **Please attach a current CV upon completion of this application form**

*Privacy:*

*I have read and understood the SLSA Privacy policy. I understand and agree that it is necessary for SLSA to collect the information that I have provided in this form for selection and to conduct the SLSA Leaders’ Masterclass. I understand that I am able to access my information through SLSA in the event that I need to correct or edit any details, or remove myself from a contact list*

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| General Information |
| Title | Choose an item. | Name |  |
| Date of birth | Click or tap to enter a date. | Gender | Choose an item. |
| Address |  | Suburb |  |
| State | Choose an item. | Postcode |  |
| Mobile | Click or tap here to enter text. | Email |  |

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| Shirt size |
| **Men’s shirt sizes range from S – XXXL and ladies shirt sizes range from 8 – 18.** |
| Men’s  | Choose an item. | Ladies  | Choose an item. |
| Do you have any special dietary needs? (please state) [ ]  |

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| Travel details |
| **Travel to the University of South Australia, Adelaide SA** |
| What mode of transport do you intend to use to get to the program? | Choose an item. |
| **Please complete the following if you are flying:** |
| Which airport will you be required to depart from?  |
| Please note any flight preferences?  |

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| Surf Life Saving background |
| Club name |  | Year joined SLSA |  |
| What is your current primary leadership role within Surf Life Saving? |
| What leadership positions have you held within Surf Life Saving in the last five years? |
| What single achievement within Surf Life Saving are you really proud of? |
| What role do you aspire to hold within Surf Life Saving by 2026? |
| Are you interested in completing the Graduate Certificate of Business Administration? |

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| Other background |
| Please list any other relevant leadership positions which you have been involved in:  |
| What key issues do you see facing Surf Life Saving (either club/branch/state/national) over the next 3 years?  |
| What do you hope to achieve from this Program?  |
| What do you feel that you can contribute to this Program?  |

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| Club Endorsement  |  |  |
| **Club Name:** |  |  |
| Club Contact | Name: | Signature: |
|  | Position: | Date:  |
| Comments: |

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| Branch Endorsement  | (where applicable) |  |
| **Branch Name:** |  |  |
| Branch Contact | Name: | Signature: |
|  | Position: | Date: |
| Comments: |

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| State Endorsement  |  |  |
| **State Name:** |  |  |
| State Contact | Name: | Signature: |
|  | Position: | Date: |
| Comments: |