**INTERNATIONAL LIFE SAVING FEDERATION**

**ATHLETES COMMISSION**

**OFFICIAL NOMINATION FORM**

|  |  |
| --- | --- |
| **NOMINATING FULL MEMBER FEDERATION** | |
| NAME |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATA OF NOMINATED PERSON** | | | | |
| LAST NAME |  | | | |
| FIRST NAME |  | | | |
| GENDER | Male |  | Female |  |
| DATE OF BIRTH |  | | | |
| PLACE OF BIRTH |  | | | |
| NATIONALITY |  | | | |
| MOBILE |  | | | |
| E-MAIL |  | | | |
| LANGUAGES SPOKEN |  | | | |
| FUNCTION IN THE NATIONAL FEDERATION |  | | | |

**I have read the Tasks related to the position for which this candidate is being nominated and certify that the candidate has the background, knowledge, and skill to carry out the roles and responsibilities of the position. ILS does not fund the travel, accommodation, meal or administrative expenses. Please indicate how these expenses will be supported to enable the nominee to fulfil his statutory obligations as specified in the ILS Constitution and Bye Laws.**

Tick appropriate

|  |  |
| --- | --- |
| National Federation will fund expenses |  |
| Nominee has committed to self-funding |  |
| Other, please specify |  |

Date, function in the national federation and signature

**ILS ATHLETES COMMISSION**

The ILS Athletes Commission is composed of at least six elected persons from which 50% are male and 50% are female. It comprises an elected Chair, an elected Secretary, and a minimum of four elected Members. The Commission represents at least three of the four ILS Regions. The Commission Members are active and/or recently retired athletes (maximum 5 years retired at the start of their four-year mandate).

The ILS Athletes Commission is tasked to empower the athlete’s representation in the ILS decision-making processes, to support the athlete development in their sporting and non-sporting careers and to represent the athlete’s views in the decisions across the ILS.

The ILS Athletes Commission reports to the ILS Board of Directors.

Following the GA 2021 Call for Nominations, Steven Kent was nominated by Surf Life Saving New Zealand and appointed by the ILS Board of Directors as the Chair of the Athletes Commission on 27th March.

The positions of Athletes Commission Secretary and Athletes Commission Member are open for nominations:

|  |  |
| --- | --- |
| First name (given name) |  |
| Last name (family name) |  |

Tick where appropriate

|  |  |
| --- | --- |
| Athletes Commission Secretary |  |
| Athletes Commission Member |  |

*This Nomination Form including the Curriculum Vitae Form should be mailed to the ILS Headquarters before the deadline of* ***31 May 2021****.*

**STATEMENT**

**I have read the Tasks for the position I am being nominated for and believe that I have the background, knowledge and skill to carry out the related roles and responsibilities. I have the time available to undertake the roles that will be assigned to me and commit to active participation in the meetings (conference calls and face to face) and e-mail communications.**

**CURRICULUM VITAE**

**Please add separately to your CV a good quality photograph**

**NAME**

|  |  |
| --- | --- |
| NAME |  |
| Forename |  |
| Gender |  |
| Federation |  |

**EDUCATIONAL BACKGROUND**

|  |  |  |
| --- | --- | --- |
| Period | College/University | What |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**PROFESSIONAL CAREER**

|  |  |  |
| --- | --- | --- |
| Period | Company/Organisation | Function |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**NATIONAL AND INTERNATIONAL LIFESAVING SPORT CAREER:**

* What is your highest level of achievement in lifesaving sports?
* What disciplines have you/do you compete in lifesaving sports?

|  |  |  |
| --- | --- | --- |
| Period | Club/Branch/National/Organisation | Function |
|  |  |  |
|  |  |  |
|  |  |  |
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**ARE YOU CURRENTLY A MEMBER OF AN ATHLETE REPRESENTATIVE GROUP (DESCRIBE)**

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**ARE YOU STILL COMPETING IN LIFESAVING SPORT? IF NO, WHEN DID YOU STOP COMPETING/RETIRE?**

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**DO YOU HAVE OTHER ROLES IN LIFESAVING (E.G. OFFICIAL, COACH, COMMITTEE, EDUCATION ETC.)?**

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**WHAT IS YOUR PERSONAL PHILOSOPHY AROUND THE FUTURE OF LIFESAVING SPORT?**

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**DESCRIBE WHAT SKILLSET/S YOU WOULD BRING TO THE ATHLETES COMMITTEE IF YOU WERE TO BECOME A MEMBER**

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**Privacy and Data Protection**

I understand and agree that the information I have provided is necessary for the legitimate interests of the International Life Saving Federation (ILS), ILS-Africa and its management and administration. The collected information is subject to the ILS Privacy Policy available on the ILS website at [https://www.ilsf.org/about/policies/](https://www.ilsf.org/about/policies/w) which I have read. I understand that the ILS will not share my personal data with other organisations for any other purpose than that for which the data was collected, including to verify eligibility, to communicate with and to inform about the activities of the organisation and in connection with the administration of its events and that the ILS Privacy Policy sets out my rights, including the right to withdraw my consent, in connection with the use of my personal data.