

**INTERNATIONAL LIFE SAVING FEDERATION**

**OFFICIAL NOMINATION FORM**

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

|  |
| --- |
| **DATA OF NOMINATED PERSON** |
| **FAMILY NAME** |  |
| **FIRST NAME** |  |
| **GENDER** | **Man** |  | **Woman** |  |
| **DATE OF BIRTH** |  |
| **PLACE OF BIRTH** |  |
| **NATIONALITY** |  |
| **MOBILE** |  |
| **E-MAIL** |  |
| **LANGUAGES SPOKEN** |  |

**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 in order 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 NOMINATION FORM**

**I AM CANDIDATE FOR THE FOLLOWING FUNCTION(S)**

|  |  |
| --- | --- |
| Forename or first name |  |
| NAME or FAMILY NAME |  |

**GENERAL**

**ILS President** Tick where appropriate

|  |  |
| --- | --- |
| ILS President |  |

*Nomination should be mailed to the ILS Headquarters before the deadline of* ***22 June 2020****.*

**ILS Secretary General** Tick where appropriate

|  |  |
| --- | --- |
| ILS Secretary General |  |

*Nomination should be mailed to the ILS Headquarters before the deadline of* ***22 June 2020****.*

**ILS Advisors** Tick where appropriate

|  |  |
| --- | --- |
| ILS Legal Advisor |  |
| ILS Financial Advisor |  |

*Nomination should be mailed to the ILS Headquarters before the deadline of* ***22 July 2020****.*

**ILS Financial Auditors** Tick where appropriate

|  |  |
| --- | --- |
| ILS Financial Auditors |  |

*Nomination should be mailed to the ILS Headquarters before the deadline of* ***22 July 2020****.*

**ILS Athletes Committee**

The Athletes Committee will comprise a Chair, a Secretary and up to a maximum

of 8 Members, who must be athletes or former athletes (no less than 4 years ago).

Tick where appropriate

|  |  |
| --- | --- |
| Athletes Commission Chair |  |
| Athletes Committee Secretary |  |
| Athletes Committee Member |  |

*Nomination should be mailed to the ILS Headquarters before the deadline of* ***22 July 2020****.*

**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.**

**ILS NOMINATION FORM**

**I AM CANDIDATE FOR THE FOLLOWING FUNCTION(S)**

|  |  |
| --- | --- |
| Forename or first name |  |
| NAME or FAMILY NAME |  |

*Nomination should be mailed to the ILS Headquarters before the deadline of* ***22 July 2020****.*

*Example:*

*Please put a X in the cell of your choice and please add the priority.*

|  |  |  |
| --- | --- | --- |
| ***Commission*** | ***Chair*** | ***Secretary*** |
| *Commission* | X 1 | X 2 |

*This means that my first priority is to be Chair of the Commission, if I am not elected Chair, my second priority is to be Secretary of the Commission.*

**COMMISSIONS AND COMMITTEES**

|  |  |  |
| --- | --- | --- |
| **Drowning Prevention Commission**The Drowning Prevention Commission comprises one Chair, one Secretary and 18 Voting Members - total of 20 persons. | **Chair** | **Secretary** |
| Drowning Prevention Commission |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Committees of the Drowning Prevention Commission**Each Committee will comprise of a Chair, a Secretary and members, who must be experts in the particular areas concerning the committee. | **Chair** | **Secretary** | **Member** |
| Drowning Research and Data Committee |  |  |  |
| Child Drowning Committee |  |  |  |
| Swimming and Water Safety Education Committee |  |  |  |
| Water Safety Coordination and Planning Committee |  |  |  |
| Drowning Prevention and Disaster Committee  |  |  |  |
| Migrant and Refugee Drowning Prevention Committee  |  |  |  |
| Drowning Research and Data Committee |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Rescue Commission**The Rescue Commission comprises one Chair, one Secretary and18 Voting Members - total of 20 persons. | **Chair** | **Secretary** |
| Rescue Commission |  |  |

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| --- | --- | --- | --- |
| **Committees of the Rescue Commission**Each Committee will comprise of a Chair, a Secretary and members, who must be experts in the particular areas concerning the committee. | **Chair** | **Secretary** | **Member** |
| Rescue Operations Committee |  |  |  |
| Education Committee |  |  |  |
| Medical Committee |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Sport Commission**The Sport Commission comprises one Chair, one Secretary, the nine Committee Chairs and the nine Committee Secretaries – total of 20 persons. | **Chair** | **Secretary** |
| Sport Commission |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Committees of the Sport Commission**Each Committee will comprise of a Chair, a Secretary and a maximum of eight voting Committee members, who must be experts in the particular areas concerning the committee. | **Chair** | **Secretary** | **Member** |
| Lifesaving Sport Regulations Committee |  |  |  |
| Lifesaving Sport Equipment Committee |  |  |  |
| Lifesaving Sport Education Committee |  |  |  |
| Future of Lifesaving Sport Committee |  |  |  |
| Lifesaving Sport Development Committee |  |  |  |
| Lifesaving Sport for All Committee |  |  |  |
| Lifesaving Sport Administration Committee: |  |  |  |
| Multi-Sport Games Committee |  |  |  |
| Sport Liaison Committee |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Business Commission**The Business Commission comprises one Chair, one Secretary and18 Voting Members – total of 20 persons. | **Chair** | **Secretary** |
| Business Commission |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Committees of the Business Commission**Each Committee will comprise of a Chair, a Secretary and Voting Members, who must be experts in the particular areas concerning the committee. | **Chair** | **Secretary** | **Member** |
| Risk Management Committee |  |  |  |
| Policy Framework Committee |  |  |  |
| Marketing and Revenue Generation Committee |  |  |  |

**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 (MAX 3 PAGES)**

**Please add to the mail a good colour picture in a separate folder. The picture can be in the format you want since we can convert it.**

**NAME**

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

**EDUCATIONAL BACKGROUND – STUDY CERTIFICATES AND DIPLOMAS**

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

**PROFESSIONAL CAREER**

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

**NATIONAL LIFESAVING CAREER**

|  |  |  |
| --- | --- | --- |
| Period | Club/Branch/National | Function |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**INTERNATIONAL LIFESAVING CAREER (FIS-WLS-ILS)**

|  |  |
| --- | --- |
| Period | Organisation and Function |
|  |  |
|  |  |
|  |  |
|  |  |

**NATIONAL AND INTERNATIONAL LIFESAVING CERTIFICATES**

|  |  |
| --- | --- |
| Date | What |
|  |  |
|  |  |
|  |  |
|  |  |

**NATIONAL & INTERNATIONAL SPORTS CAREER (other than lifesaving)**

|  |  |
| --- | --- |
| Period | Organisation and Function |
|  |  |
|  |  |
|  |  |
|  |  |

**HONOURS**

|  |  |
| --- | --- |
| Date | What |
|  |  |
|  |  |
|  |  |
|  |  |

**EXPERTISE THAT CAN BE BROUGHT TO THE ILS**

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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.