To: LSOC Executive
LSOC State Officers
LSOC Delegates
LSOC Regional Officers
LSOC District Officers
LSOC Delegates
LSOC Regional Officers
LSOC District Officers

Cc: Club Presidents
Club Secretaries

From: Nigel Taylor ESM - Chief Executive Officer

Date: 4 June 2014 – Revision of 28 May 2014

Subject: Notification of Life Saving Operations Annual General Council Meeting
Nominations and Elections for Life Saving Operations Council Officers

Action: Nomination Forms to be received by Monday 30 June 2014 at 5.00pm
Delegate + Alternative Delegate Registration Forms to be completed and returned

For additional details on this Circular please contact:
Frances Evans on 03 9676 6947 or email frances.evans@lifesavingvictoria.com.au

1. Notice is given of the Annual General Council Meeting of Life Saving Operations Council (LSOC). Council
   nominations for positions listed below will be considered and elected on::

   SATURDAY 9 AUGUST 2014
   LIFE SAVING VICTORIA HEADQUARTERS
   200 THE BOULEVARD, PORT MELBOURNE
   MELWAY REF: 56:G3
   COMMENCING AT 11.00.am

   2. Documents enclosed are:

   - LSV Director Nomination Form
   - LSV Director Nomination Support Statement Form
   - LSV Director Position Description
   - LSV Training and Assessment Officer Nomination Form
   - LSOC Council Chair/Representative Nomination Form
   - LSOC 2nd Council Representative Nomination Form
   - LSOC Council Delegate Nomination Form
   - LSOC Council Alternate Delegate Nomination Form
   - Current LSOC Delegates Listing

   3. Nominations are called for the following LSOC positions:

   (i) Director – Training and Assessment (2 year term, elected in years of even numbers)
   (ii) Council Chair/Representative (1 year term)
   (iii) Council Representative (1 year term)
   (iv) Training and Assessment Officers (2 year term, elected in years of even numbers)
       a) State Training & Assessment Supervisor
       b) State Training Strategy & Communication Officer
       c) State Resource Research & Development Officer
       d) State Training Membership Development Officer
4. Club Delegates to the LSOC

Each affiliated Life Saving Club may appoint one Delegate and one Alternate Delegate to the LSOC who must be a member of the affiliated Life Saving Club. Clubs are required to provide details of Club Delegates who may vote in LSOC elections. If your club has not already done so, please complete and return the attached LSOC Delegate Registration Nomination Form.

Note: It is the responsibility of the nominee, proposer and seconder to ensure that the nomination submitted to LSV is a complete and valid nomination. The LSV Coordinator and other LSV staff are not in a position to obtain signatures of nominees, proposers or seconders.

Nominations close at 5.00pm on Monday 30 June 2014

Lodgement of Forms

All LSOC Annual General Council Nomination Forms are to be lodged with Frances Evans, Life Saving Victoria Coordinator at:

Mail: Frances Evans
Life Saving Victoria
PO Box 353
Port Melbourne DC 3205

Direct Line: (03) 9676 6947
Email: frances.evans@lifesavingvictoria.com.au
Fax: (03) 9681 8211

PO Box 353
Life Saving Victoria
Port Melbourne DC 3205
LSV DIRECTOR - TRAINING AND ASSESSMENT
LIFE SAVING OPERATIONS COUNCIL
NOMINATION FORM

THIS NOMINATION FORM MUST BE RECEIVED AT THE REGISTERED OFFICE OF LIFE SAVING VICTORIA BY
MONDAY 30 JUNE 2014 BY 5.00PM

NOMINATION FOR POSITION OF:__________________________________________________________

NOMINEE’S NAME: (in block letters)_____________________________________________________

ADDRESS: __________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Postcode

CONTACT DETAILS: (M)________________ (H)________________

EMAIL: ___________________________________________________________________________

PROPOSER’S NAME (in block letters)_____________________________________________________
Must be either: LSOC Officer or Delegate, member of the Committee of Management (or equivalent body) of an affiliated Life Saving Club.

PROPOSER’S SIGNATURE________________________________________________________________

SECONDER’S NAME (in block letters)_____________________________________________________
Must be either: LSOC Officer or Delegate, member of the Committee of Management (or equivalent body) of an affiliated Life Saving Club.

SECONDER’S SIGNATURE________________________________________________________________

ACCEPTANCE OF NOMINATION
I accept nomination for the position specified above and if elected, agree to carry out all duties of the position to the best of my ability. I understand that once elected, I will be required to sign a confidentiality agreement with LSV and produce a copy or receipt of my Working with Children check.

NOMINEE’S SIGNATURE_________________________________________________________________

DATE______________________________________________________________________________

OFFICE USE ONLY

DATE OF RECEIPT IN OFFICE __________________________________________________________

RECEIVED BY (Print Name) __________________________________________________________
2014 LSV Director (LSOC) Nomination Support Statement

Nominees for the position of LSV Director - Training and Assessment elected by the Council of Clubs are required to complete a 150 word statement, which will be provided to voting delegates.

The statement should:
- Outline the nominee’s relevant experience to the position of LSV Director, and
- Respond to the desired skills and competence set out in the Position Description

Name of Nominee: ____________________________

Nominee’s Declaration

__________________________________________________________________________
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__________________________________________________________________________
Position Description – Director LSV

1. Role
To provide input and perspective to the LSV Board of Directors in determining, implementing and monitoring the strategic planning, direction and governance of the whole LSV organisation.

2. Report to
LSV Board

3. Consult with
a. Board of Directors
b. LSOC
c. LSOC Executive
d. Professional Staff
e. Others as required

4. Duties:
a. Provide direction for the management of lifesaving club development activities in association with the LSOC and the CEO.
b. Fulfil the obligations of a Director of LSV.
c. Be committed to ethical, businesslike and lawful conduct including proper use of authority and appropriate decorum when acting as Directors;
d. Always act in the interests of LSV and the Members;
e. Avoid conflicts of interest;
f. Respect the confidentiality of sensitive issues or business items under negotiation or discussion;
g. Report to the Board on all lifesaving club development programs and activities.
h. Liaise and support affiliated organisations with regard to their development programs.
i. Attend professional development training as requested to ensure skills and content knowledge are current;
j. Attend conferences, LSV events and LSOC events;
k. Attend LSV management meetings as required;
l. Undertake special projects as required;

5. Attend Meetings of
a. LSOC
b. LSOC Executive
c. Other meetings as required
d. Board of Directors

6. Desired Skills and competence
a. Leadership
   Promotes and generates cooperation among one’s peers in leadership to achieve a collective outcome; fosters the development of a common vision and fully participates in creating a unified leadership team that get results.

b. Strategy
   Able to think strategically, identify and critically assess strategic opportunities and threats, and develop effective strategies in the context of LSV’s strategic objectives and relevant priorities.

c. Financial performance
   Qualifications and/or experience in financial analysis and the ability to:
   (i) analyse key financial statements
   (ii) critically assess financial viability and performance
   (iii) contribute to strategic financial planning
d. Policy development
Ability to identify key issues for LSV and develop appropriate policies to define the parameters within which the organisation should operate.

e. Risk and compliance oversight
Ability to identify key risks to the organisation in a wide range of areas including legal and regulatory compliance, and monitor risk and compliance management frameworks and systems.

f. Corporate governance
Knowledge and experience in best practice corporate governance structures, policies and processes (particularly in the not-for-profit context).

g. Communication
Creates an atmosphere in which timely and high-quality information flows smoothly up and down, inside and outside of the organisation; encourages open expression of ideas and opinions.

h. Commercial experience
A broad range of commercial/business experience, preferably in the small to medium enterprise context, in areas including developing new business opportunities, communications, marketing, branding and business systems, practices and improvement.

i. Lifesaving knowledge and networks
Broad understanding of the lifesaving and Aquatics industry and its stakeholders – people with extensive networks and profile in the industry.

j. Advocacy & Public Policy
Experience in developing public policy, influencing policy debates, shaping policy agendas, and public sector reform. And the methods of communicating advocated position.

k. Education and Training
Knowledge and experience in best practice education and training programs, particularly industry sector specific training or continuing professional development programs.

l. Research & Development
Forward thinker in the industry with ability to connect with relevant research activities, leverage partnerships with research organisations and build LSV’s profile as a leader in Aquatics industry thinking.

Note:
These skills should be available across the LSV Board, it is not expected that each Director be possessing of each skill.
LSOC TRAINING AND ASSESSMENT OFFICER
NOMINATION FORM

THIS NOMINATION FORM MUST BE RECEIVED AT THE REGISTERED OFFICE OF
LIFE SAVING VICTORIA BY
MONDAY 30 JUNE 2014 BY 5.00PM

NOMINATION FOR POSITION OF:______________________________________________

NOMINEE'S NAME: (in block letters)__________________________________________

ADDRESS: __________________________________________________________________

____________________________________________________________________________

Postcode__________________________

CONTACT DETAILS: (M)_________________________ (H)__________________________

EMAIL: ____________________________________________________________________

PROPOSER'S NAME (in block letters)
Must be either: LSOC Officer or Delegate, member of the Committee of Management (or equivalent body) of an affiliated Life Saving Club.

PROPOSER'S SIGNATURE______________________________________________________

SECONDER'S NAME (in block letters)
Must be either: LSOC Officer or Delegate, member of the Committee of Management (or equivalent body) of an affiliated Life Saving Club.

SECONDER'S SIGNATURE______________________________________________________

ACCEPTANCE OF NOMINATION
I accept nomination for the position specified above and if elected, agree to carry out all duties of the position to the best of my ability. I understand that once elected, I will be required to sign a confidentiality agreement with LSV and produce a copy or receipt of my Working with Children check.

NOMINEE'S SIGNATURE______________________________________________________

DATE__________________________

OFFICE USE ONLY

DATE OF RECEIPT IN OFFICE

RECEIVED BY (Print Name)
LIFE SAVING OPERATIONS
COUNCIL CHAIR/REPRESENTATIVE NOMINATION FORM

THIS NOMINATION FORM MUST BE RECEIVED AT THE REGISTERED OFFICE OF
LIFE SAVING VICTORIA BY
MONDAY 30 JUNE 2014 BY 5.00PM

NOMINATION FOR POSITION OF:_________________________________________

NOMINEE’S NAME: (in block letters)_____________________________________

ADDRESS: ___________________________________________________________

________________________________________ Postcode_______________________

CONTACT DETAILS: (M)________________________________ (H)_____________

EMAIL: _____________________________________________________________

PROPOSER’S NAME (in block letters)______________________________
Must be either: LSOC Officer or Delegate, member of the Committee of Management (or equivalent body) of an affiliated Life Saving Club.

PROPOSER’S SIGNATURE______________________________________________

SECONDER’S NAME (in block letters)______________________________
Must be either: LSOC Officer or Delegate, member of the Committee of Management (or equivalent body) of an affiliated Life Saving Club.

SECONDER’S SIGNATURE______________________________________________

ACCEPTANCE OF NOMINATION
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NOMINEE’S SIGNATURE______________________________________________

DATE__________________________

OFFICE USE ONLY

DATE OF RECEIPT IN OFFICE
________________________________________________________

RECEIVED BY (Print Name)_________________________________________
LIFE SAVING OPERATIONS COUNCIL
(2ND) COUNCIL RESENTATIVE NOMINATION FORM

THIS NOMINATION FORM MUST BE RECEIVED AT THE REGISTERED OFFICE OF
LIFE SAVING VICTORIA BY
MONDAY 30 JUNE 2014 BY 5.00PM

NOMINATION FOR POSITION OF:_________________________________________________________

NOMINEE'S NAME: (in block letters)_____________________________________________________

ADDRESS: __________________________________________________________________________

__________________________________________________________________________________

Postcode ____________________________

CONTACT DETAILS: (M)_________________________(H)_______________________________

EMAIL: _____________________________________________________________________________

PROPOSER'S NAME (in block letters)_____________________________________________________

Must be either: LSOC Officer or Delegate, member of the Committee of Management (or equivalent body) of an affiliated Life Saving Club.

PROPOSER'S SIGNATURE______________________________________________________________

SECONDER'S NAME (in block letters)___________________________________________________

Must be either: LSOC Officer or Delegate, member of the Committee of Management (or equivalent body) of an affiliated Life Saving Club.

SECONDER'S SIGNATURE______________________________________________________________

ACCEPTANCE OF NOMINATION
I accept nomination for the Position specified above and if elected, agree to carry out all duties of the position to the best of my ability. I understand that once elected, I will be required to sign a confidentiality agreement with LSV and produce a copy or receipt of my Working with Children check.

NOMINEE'S SIGNATURE______________________________________________________________

DATE____________________________________

OFFICE USE ONLY

DATE OF RECEIPT IN OFFICE

________________________________________________________

RECEIVED BY (Print Name)
Life Saving Operations Council
Delegate Nomination Form

The ____________________________ LSC
(Name of Affiliated Life Saving Club)
duly appoint the following person as Club Delegate

________________________________________________________________________
(Name of Club Delegate)

Delegate Contact details:
Address _________________________________________________________________
________________________________________________________________________
Contact details: (M) ___________________________ (H) _____________________________

Email

________________________________________________________________________

Club Endorsement:
Name __________________________________ Position ___________________________

Phone ___________________________ Date ___________________

Signature ______________________________________________________________

Please complete and return this form to Life Saving Victoria State Centre
• Email - lifesavingoperations@lifesavingvictoria.com.au
• Fax - 03 9676 6932
• Post - PO Box 353, South Melbourne DC VIC 3205

OFFICE USE ONLY

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<th>Received by</th>
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Life Saving Operations Council
Alternative Delegate Form
(for the purpose of LSOC Election By-Law 8.1.4(m) and (O))

The_________________________________________ LSC
(Name of Affiliated Life Saving Club)
duly appoint the following person as Club Delegate

______________________________________________
(Name of Alternative Club Delegate)

Alternative Delegate contact details:

Address _____________________________________________

_____________________________________________________

Contact Details: (M)________________________________ (H)________________________________________

Email


Club Endorsement:

Name________________________________ Position______________________________

Phone________________________________ Date______________________________

Signature ______________________________________________________________

Please complete and return this form to Life Saving Victoria State Centre
  • Email - lifesavingoperations@lifesavingvictoria.com.au
  • Fax - 03 9676 6932
  • Post - PO Box 353, South Melbourne DC VIC 3205

OFFICE USE ONLY

Receipt date Received by
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<td>John Takac</td>
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<td>Andy Waters</td>
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<td>Gary Knapp</td>
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<td>12/12/2012</td>
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<td>Coutie</td>
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<td>Porta</td>
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<td>Alex</td>
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<td>Alison</td>
<td>Porter</td>
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<td>Gurr</td>
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<td>12/12/2013</td>
<td>William</td>
<td>(Bill)</td>
<td>Johnson</td>
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<td>Boyd</td>
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<td>01/01/2004</td>
<td>Mark</td>
<td>Scott</td>
<td>01/07/2013</td>
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<td>03/03/2014</td>
<td>Terry</td>
<td>Ollington</td>
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<td>5/11/2011</td>
<td>Chris</td>
<td>Stevens</td>
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