Circular 238:05:14

To: CLC Directors  
    Club Presidents  
    CLC Chair  
    CLC Delegates

Cc: Club Secretaries

From: Nigel Taylor ESM - Chief Executive Officer

Date: 28 May 2014

Subject: Notification of Council of Lifesaving Clubs Annual General Council Meeting  
Nominations for Council of Lifesaving Clubs Officers  
Nomination Forms to be received by 5.00pm – Monday, 30 June 2014  
Delegate Registration Forms to be completed and returned

Action:

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 the Council of Lifesaving Clubs (CLC). Council Officer nominations are now called for the following positions:
   • One (1) LSV Director (2 year term)
   • One (1) CLC Council Chair/Representative (1 year term)
   • One (1) CLC Second Representative (1 year term)

2. Nominations for these positions will be considered and elected at the CLC Annual General Council Meeting on:

   SATURDAY 9 AUGUST 2014  
   LIFE SAVING VICTORIA HEADQUARTERS  
   200 THE BOULEVARD, PORT MELBOURNE  
   MELWAY REF: 56:G3  
   COMMENCING AT 12.00 noon

3. Documents enclosed are:
   • LSC Director Nomination Form
   • LSV Director Position Description
   • LSV Director Nomination Support Statement Form
   • CLC Council Chair/Representative Nomination Form
   • CLC 2nd Council Representative Nomination Form
   • CLC Delegate Nomination Form
   • Current CLC Delegates Listing

4. Delegates to the CLC
   Clubs are required to provide details of Club Delegates who may vote in CLC elections. If your club has not already done so, please complete and return the attached CLC Delegate Registration 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 CLC 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
LSV DIRECTOR
COUNCIL OF LIFESAVING CLUBS
NOMINATION FORM
This Nomination Form and the Support Statement prepared by the Nominee must be received at the registered office of Life Saving Victoria by
Monday 30 June 2014 closing at 5.00pm

NOMINEE'S NAME: (in block letters)

ADDRESS:

Postcode

CONTACT DETAILS: (M)____ (H)____

EMAIL:

PROPOSER'S NAME (in block letters)
Must be a 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 a member of the Committee of Management (or equivalent body) of an affiliated Life Saving Club.

SECONDER'S SIGNATURE

ACCEPTANCE OF NOMINATION
I accept the nomination for the position of LSV Director and if elected, I consent to act as a director of LSV, agree to carry out all duties of the position to the best of my ability and understand that once elected, I will be required to sign a confidentiality agreement with LSV.

DATE

OFFICE USE ONLY
DATE OF RECEIPT IN OFFICE
RECEIVED BY (Print Name)
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. CLC
   c. Professional Staff
   d. Others as required

4. **Duties:**
   a. Provide direction for the management of lifesaving club development activities in association with the CLC 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 CLC events;
   k. Attend LSV management meetings as required;
   l. Undertake special projects as required;

5. **Attend Meetings of**
   a. CLC
   b. Board of Directors
   c. Other meetings as required

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.
2014 LSV Director (CLC) Nomination Support Statement

Nominees for the position of LSV Director elected by the Council of Lifesaving 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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COUNCIL OF LIFESAVING CLUBS
COUNCIL CHAIR/REPRESENTATIVE NOMINATION FORM

THIS NOMINATION FORM MUST BE RECEIVED AT THE REGISTERED OFFICE OF
LIFE SAVING VICTORIA BY

THURSDAY 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 a 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 a 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) ___________________________________________________
COUNCIL OF LIFESAVING CLUBS
(2ND) COUNCIL RESENTATIVE NOMINATION FORM

THIS NOMINATION FORM MUST BE RECEIVED AT THE REGISTERED OFFICE OF
LIFE SAVING VICTORIA BY

THURSDAY 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 a 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 a 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)_______________________________________________________
Council of Lifesaving Clubs
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

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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