



## Application for SLSA National Innovation Award

- ✓ Please print clearly.
- ✓ Please attach additional information if space is not sufficient.
- ✓ Please fill in Page 2 for each nominee or club.
- ✓ Please fill in Page 6 for each recommendation.
- ✓ For assessing the application of the award fully, please attach full documentation. Full use of multimedia and other supporting evidence or samples are permitted.
- ✓ A testimonial from an individual or organisation should also be included with the application in order to highlight the effectiveness of the innovation in achieving its desired outcomes. This individual/organisation must not be involved in this nomination process or in the development of the innovation.
- ✓ Nominations must first be endorsed by the club/group, branch (where applicable) and by the appropriate State Organisation prior to being forwarded to SLSA
- ✓ All nominations will be reviewed by the SLSA Board of Development and then referred to the appropriate operational board for review and recommendation to the Australian Council

*An SLSA National Innovation Award is given to a person(s) or group(s) in recognition of any development of equipment, procedures or other initiatives that in the opinion of the Council will improve any facet of surf lifesaving in Australia. SLSA Innovation awards are issued in accordance with SLSA Regulation 5.14.*

### Privacy

These personal details are being collected by Surf Life Saving Australia for the purpose of nominating members for SLSA National Innovation Award. The personal information may be disclosed to the media for the purpose of promoting this innovative project. You have the right to access the information held about you by Surf Life Saving Australia.

### Personal Details of the person submitting the application

First Name	_____	Last Name	_____
Date of birth	_____	Male / Female (please circle)	
Address	_____ _____		
Town	_____	State	_____ Postcode _____
Phone	_____	Email	_____
Position	_____	Date of submission	_____



**Details of nominee (for individual)**

First Name	_____	Last Name	_____
Date of birth	_____	Male / Female (please circle)	
Address	_____ _____		
Town	_____	State	_____ Postcode _____
Phone	_____	Email	_____
Club	_____		

**Details of nominee (for club or group)**

Name of club/group	_____		
Address	_____ _____		
Town	_____	State	_____ Postcode _____
Phone	_____	Fax	_____
Email	_____		



**Details of the innovation (fill in where applicable)**

Name of the innovation \_\_\_\_\_

Nature of the innovation (please tick)

Youth Retention

Club Structure/Governance

Community Involvement

Relationship with Sponsors

Leadership Succession  
Planning

Leadership Development in  
Surf Life Saving

Working with local  
government

Beach and environment  
management

Cultural diversity

The idea / aim of the innovation

\_\_\_\_\_  
\_\_\_\_\_

Development date / period \_\_\_\_\_

Description of the equipment / procedure / program

\_\_\_\_\_  
\_\_\_\_\_

Why do you think the item is innovative?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any specific areas of construction you would like to highlight? (for equipment only)

\_\_\_\_\_



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In this innovation has any of SLSA's (or other organisations) Intellectual Property been used?

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How have the procedures / program been implemented?

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Additional details

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**Process of developing the innovation**

How was the concept initiated?

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Briefly describe the development process of the innovation

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Roles of the nominee(s) in the process

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Has there been any improvement following the initial development?





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### Recommendation

Organisation name \_\_\_\_\_ Date \_\_\_\_\_

Organisation contact \_\_\_\_\_  
Name Position Signature

Relationship between the organisation and the nominee

\_\_\_\_\_

How have you developed a knowledge / understanding of the innovation / implementing the innovation?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rational of recommendation

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Club/Group Endorsement**

Club/Group name _____	Name, position and signature of club contact	_____	Date _____
		Name	
		_____	
		Position	
		_____	
		Signature	

**Branch Endorsement**

Branch name _____	Name, position and signature of branch contact	_____	Date _____
		Name	
		_____	
		Position	
		_____	
		Signature	

**State Endorsement**

State name _____	Name, position and signature of state contact	_____	Date _____
		Name	
		_____	
		Position	
		_____	
		Signature	

**Board of Development Endorsement**

SLSA Director of Development	Name, and signature	_____	Date _____
		Name	
		_____	
		Signature	

**Operational Board Endorsement**

SLSA Director of _____	Name and signature	_____	Date _____
		Name	
		_____	
		Signature	

**Australian Council Endorsement**

SLSA President	Name and signature	_____	Date _____
		Name	
		_____	
		Signature	