

Nomination for National Medical Advisor

is nominated for the position of RLSSA National Medical Advisor.					
I agree to this nomination	on				
		(Signature of nominee)			
Member Organisation endorsing this nomination					
——————————————————————————————————————	gnatory	- Member			
Date		-			
All nominations must be received by COB Thursday 28 th October 2021. Please attach a short CV or statement of suitability for the position. A Position Description is attached.					
Please forward to:	RLSSA PO Box 558 Broa	adway NSW 2007			

Email: jscarr@rlssa.org.au

Duty Statement

Title: National Medical Advisor

Job Description:

The National Medical Adviser will provide advice and leadership to the organisation on medical and research issues relating to lifesaving and water safety.

Responsible to:

National Board with liaison through Chief Executive Officer.

Scope of Duties:

Provide education and training related advice to the National Board, National Advisors, National Office staff and, where appropriate, State and Territory Member representatives.

Provide medical related advice to the National Council, National Advisers, National Branch staff and, where appropriate, State Branch representatives.

Liaise with RLSSA National Office staff particularly in the Technical, Medical and Health Promotion areas of responsibility. Assist in the development of medical related policy and practice

Monitor National Policies and ensure that RLSSA is provided with the most up to date information from the medical/ research perspective

Represent the RLSSA on national and international medical/research related committees as required.

Attend, present and provide input into relevant seminars, conferences and workshops. This includes events conducted by RLSSA and other groups within Australia and overseas.

Reporting

A written report will be at each meeting of the Board.

Appointment

The appointment of National Medical Advisor is made for a two-year period commencing following the Annual General Meeting.

Date:			
Name:	(Please Print)	Signature:	
have read and ur	nderstand the above responsibilities.		
Acknowledged B	y:		
Date:			
Approved By:	(Chief Executive Officer)		