

**2012 Top Age Group/Regional Age Group Development Camps**  
**TEAM MANAGER**  
**AVAILABILITY FORM**

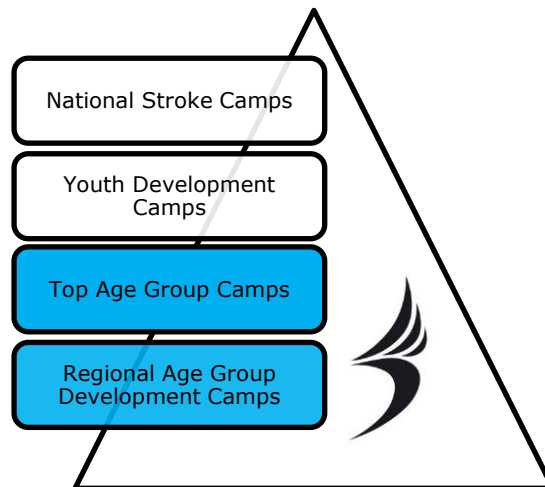


**2012 Age Group Development Camps**

The 2012 Age Group Development Camps are primarily focused on swimmer development with added benefits to coaches and the team manager who attends. We aim to educate and build a cohesive team to flow through the SNZ pathway.

The primary role of the Team Manager is to organize activities, accommodation, pool bookings etc. The Team Manager is also in charge of logistics and minimizing risk throughout the duration of the camp. A suitable Team Manager should know the region well and be flexible and confident in leading and planning. The Team Manager is required to attend for the duration of the 3 day camp. SNZ requires all Team Managers to be cleared to work with children by the NZ Police Vetting centre prior to the start of the camp.

To apply for the role of Team Manager on any of the AGD camps below, please fill out the details on this page and the "Consent to Disclosure-Exception 19 (3)e" form attached. A full list of TM roles and responsibilities can be requested from [jackie@swimmingnz.org.nz](mailto:jackie@swimmingnz.org.nz) or 09 477 2026



2012 SNZ Top Age Group/ Regional Age Group Development Camps:  
 Please circle the camp you are applying for:

Camp	Regions	Dates (2012)	City/town
RAGD NI Camp	North Island Regions	5 <sup>th</sup> – 6 <sup>th</sup> May	<b>Rotorua</b>
RAGD SI Camp	South Island Regions	18 <sup>th</sup> – 20 <sup>th</sup> May	<b>Dunedin</b>
National TAG Camp	National	27 <sup>th</sup> – 29 <sup>th</sup> July	<b>MISH, Auckland</b>
National TAG Camp	National	20 <sup>th</sup> – 22 <sup>nd</sup> October	<b>MISH, Auckland</b>

Please complete the details below:

<b>Name</b>		<b>Address</b>	
<b>Email address</b>		<b>City</b>	
<b>Mobile</b>		<b>Home Phone</b>	
<b>Gender</b>	M / F (please circle)	<b>Club Affil</b>	
<b>Occupation</b>		<b>Driver Licence #</b>	
<b>Computer capabilities</b>		<b>First Aid Qualifications</b>	
<b>Relevant Qualifications</b>		<b>Previous SNZ TM positions</b>	
<b>Relevant Positions held</b>	<u>Positions</u>	<u>Dates</u>	<u>Duties</u>

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**Brief Comments on Competencies**


<b>Referee Name</b>	<b>Positions held</b>	<b>Home Phone</b>	<b>Mobile</b>
1.			
2.			

**NOTE: Police vetting form below; please feel free to add any additional information relevant to your application underneath.**


Form to be returned to Jackie Hutchinson, SNZ Email: [jackie@swimmingnz.org.nz](mailto:jackie@swimmingnz.org.nz) Fax: (09) 477 2014  
Post: Swimming New Zealand, PO Box 302145, North Harbour, Auckland 0751

Once appointed, further details and assistance will be given throughout the planning phase

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**Referees and Police Check – SNZ need to sight documentation from the Police, a police check needs to be done prior to travelling confirmation. This is at no cost to you to apply, and the form is below.**

Swimming New Zealand

**Consent to disclosure of information  
Exception – section 19(3)(e) Criminal Records (Clean Slate) Act 2004**

To: Licensing and Vetting Service Centre  
Police National Headquarters  
PO Box 3017  
Wellington 6140

Note:  
A stamped, self-addressed envelope must accompany all requests

**To be completed by third party that is to receive the personal information**

I declare that the exception contained in section 19(3)(e) of the Criminal Records (Clean Slate) Act 2004

applies to this vetting request – the individual concerned has made an application to act in a role predominantly involving the care and protection of, but not predominantly involving the delivery of education to, a child or young person. The role the applicant will be acting in is that of (briefly describe role):

\_\_\_\_\_

Signed: \_\_\_\_\_ Print full name: \_\_\_\_\_

**To be completed by individual authorising release of personal information**

*I hereby authorise you to disclose any information you may hold about me to the above signed third party. I confirm that I am aware that my full criminal record will be released even if I meet the eligibility criteria stipulated in section 7 of the Criminal Records (Clean Slate) Act 2004 due to the application of exception contained in section 19(3) of that Act, as set out above.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Surname First names

\_\_\_\_\_ Sex: \_\_\_\_\_ (M/F)  
Maiden or any other names used

Date and place of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Driver licence no.: \_\_\_\_\_

Full residential address: \_\_\_\_\_  
Street name and number

Suburb, City/town

**Comments of the New Zealand Police**

**A stamped, self-addressed envelope must accompany all requests.**

**Agency code S30488**