



SLSQ LIFE SAVING OPERATIONS SUPPORT RENEWAL FORM

TYPE OF APPLICATION

Area

Gold Coast
Sunshine Coast
Other

Service

WLSHRS JRB DUTY OFFICER
RWC ORB SURFCOM
OTHER

PERSONAL DETAILS

Name: _____
(Surname) (Christian Names)

Address: _____
Post Code: _____

Phone: _____ (H) _____ (W)
_____ (M) E-mail: _____

D.O.B: _____ Occupation: _____

Club: _____ Membership Category: _____

Have you sustained or do you carry any injury that may effect your ability to complete any physical components of the training and/or duties required. **YES / NO**

If **yes**, please provide brief description of injury sustained: _____

DECLARATION

I hereby declare that:

1. I am a financial & proficient member of a Queensland SLSC
2. I am physically fit as a surf lifesaver. **(Not applicable to Surfcom Operators)**
3. I will make myself available to attend all appropriate training sessions associated with the Service.

IMPORTANT:

Being a member of the crew does not give the privilege to neglect normal Club duties. Accordingly, applicants must realise that SLSQ Operations Support Services involvement is an extra duty and not a substitute for normal Club duties, and by becoming involved, you may be committing yourself to further obligations over and above your present surf life saving activities.

Date: _____ Signed: _____
(Applicant)

OFFICE USE ONLY

Date Application Received: _____

Awards Checked: Yes No Awards Current: Yes No

Comments Operations Support Panel: _____

Comments SLSQ: _____

Application Approved/Not Approved: Yes No Financial Member of a Club: Yes No

Applicant Advised: Yes No Entered on Database: Yes No

Complete All Details and return form to:

Operations Support Officer - PO Box 3747, SOUTH BRISBANE QLD 4101 (Fax: 3846 8008)

Note: A Full Individual Surfmate report shall be attached to this application