



SLSQ LIFE SAVING OPERATIONS SUPPORT APPLICATION FORM

NOTE: There are certain pre-requisites for each section of this service. Please discuss them with your club captain or lifesaving services coordinator if you are unsure. If you do not hold all of the required pre-requisites, you should make arrangements to obtain them before proceeding with this application.

TYPE OF APPLICATION

AREA

Gold Coast
 Sunshine Coast
 Other (Specify) _____

SERVICE

WLSHRS JRB DUTY OFFICER
 RWC 6M ORB SURFCOM
 Other (Specify) _____

PERSONAL DETAILS

NAME: _____
 (Surname) (Given Names)

ADDRESS: _____

POSTCODE: _____

PHONE: _____ (H) _____ (W)

_____ (M) EMAIL: _____

DOB: _____ OCCUPATION: _____

SLSC: _____ MEMBERSHIP CATEGORY: _____

Have you sustained or do you carry any injury that may affect 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: _____

MINIMUM REQUIREMENTS

Non Surf Rescue Group (State Organisation, position): _____

Minimum Requirements for each service:

CERTIFICATES	WLSHRS	RWC	JRB	Duty Officer	SurfCom	6M ORB
ARC	YES	—	—	YES	—	—
DEFIB	—	—	—	YES	—	—
APPLY FIRST AID	YES	—	—	YES	—	—
BRONZE MEDALLION	YES	YES	YES	YES	—	YES
RADIO OFFICER CERTIFICATE	YES	YES	YES	YES	YES	YES
SM - IRB DRIVERS	YES	YES	—	—	—	—
FITNESS TEST	YES	—	—	—	—	—
SM - BASIC BEACH MANGEMENT	—	—	—	YES	—	—

Most Recent Pool Swim Test 400m _____
 (8 minutes JRB & HELI, 9 minutes RWC – NOT APPLICABLE FOR SURFCOM)

