



SURF LIFE SAVING SOUTH AUSTRALIA

SUPPORT OPERATIONS MEMBER APPLICATION

APPLICANT DETAILS

Last Name:		First Name:	
Address:			
Suburb:	State:	Postcode:	
Telephone: (H)		(M)	
Email:			Date of Birth: / /
Club:		Member ID:	

SUPPORT SERVICE APPLYING FOR

<input type="checkbox"/> RWC Operator	<input type="checkbox"/> JRB Skipper
<input type="checkbox"/> Helicopter Crew	<input type="checkbox"/> Surfcom Operator
<input type="checkbox"/> JRB Crew	<input type="checkbox"/> Patrol Auditor
<input type="checkbox"/> JRB Driver	<input type="checkbox"/> Lifeguard
<input type="checkbox"/> Duty Officer	<input type="checkbox"/> Remote Aerial Pilot

MINIMUM PRE-REQUISITE (tick box for appropriate awards held and proficient)

<input type="checkbox"/> Bronze Medallion	<input type="checkbox"/> JRB Driver
<input type="checkbox"/> Advance Resuscitation Techniques	<input type="checkbox"/> VHF Marine Radio
<input type="checkbox"/> Senior First Aid	<input type="checkbox"/> SA Boating Licence
<input type="checkbox"/> IRB Crew	<input type="checkbox"/> Motor Vehicle Licence
<input type="checkbox"/> IRB Driver	<input type="checkbox"/> Radio Operators Certificate
<input type="checkbox"/> RWC Operator	<input type="checkbox"/> Silver Medallion Aquatic Rescue
<input type="checkbox"/> JRB Crew	<input type="checkbox"/> Silver Medallion Basic Beach Management

Pre-requisite Matrix

	Age	BM	MVL	SMAR	SFA	ARTC	VHF	ROC	JRBC	BL	IRBC	IRBD
RWC Operator	18	.	.	Be willing to undertake	.	.				.		
JRB Crew	17	.	.	Be willing to undertake	.	.	Be willing to undertake			.	.	
JRB Driver	20	.	.	.	.	.	.		.	.	.	.
Duty Officer	20	.	.	.	.	.	.		.	.	.	.
Helicopter Crew	20	.	.	.	.	.	.
SurfCom Operator	17	.					Be willing to undertake	.				
R.A.P Remote Aerial Pilot	20	.	.	Be willing to undertake	.	.		.				

BM =Bronze Medallion, MVL=Motor Vehicle Licence, SMAR=Silver Medallion Aquatic Rescue, SFA=Senior First Aid, ARTC = Adv Resuscitation Techniques, VHF= Marine Radio Licence, JRBC=Jet Rescue Boat Crew, ROC=Radio Operators Certificate, BL =Boating Licence, IRBC = IRB crew, IRBD = IRB driver

LIFESAVING EXPERIENCE AND REASON FOR JOINING – SLS Experience (internal and external)

APPLICANT DECLARATION

I _____ confirm that all details provided in this application are true and correct and that I am physically fit and prepared to undertake all appropriate testing and training sessions associated with the service. I have an understanding of the Support Service position/s that I am applying for. I agree to comply with SLSA and SLSSA current training manuals, SLSSA code of conduct, SLSSA standard operating procedures, which include the correct (and current) pre-requisites at all times when operating the rescue craft. I also understand that SLSSA have the right to withdraw any endorsement at any time should I breach any of the above.

SIGNED: _____

DATE: / / 2018

CLUB ENDORSEMENT (OPTIONAL)

I recommend the applicant as suitable for lifesaving services support operations.

SIGNED: _____

DATE: / / 2018

NAME: _____

CLUB OFFICER POSITION: _____

STATE ENDORSEMENT

Verified, Validated and Recorded

SIGNED: _____

DATE: / / 2018

NAME: _____

STATE POSITION: _____