



# SLSQ 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 ☐RWC ☐Other (Specify) ☐ \_\_\_\_\_JRB ☐ DUTY OFFICER ☐6M ORB ☐ SURFCOM ☐

## PERSONAL DETAILS

NAME:

(Surname) \_\_\_\_\_

(Given Names) \_\_\_\_\_

PHONE:

\_\_\_\_\_ (H)

\_\_\_\_\_ (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

Minimum Requirements for each service:

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

PLEASE ATTACH SURFGUARD AWARD LIST TO CONFIRM THE ABOVE CRITERIA IS MET AND PROFICIENT

Most Recent Pool Swim Test 400m \_\_\_\_\_

(NOT APPLICABLE FOR SURFCOM)

**LIFESAVING EXPERIENCE**

SLSQ Experience (positions held): Club \_\_\_\_\_

Branch \_\_\_\_\_

Reason for Applying to Join Operations Support: \_\_\_\_\_

Beach Patrol Hours: 20 /20 20 /20 20 /20

Hours \_\_\_\_\_ Hours \_\_\_\_\_ Hours \_\_\_\_\_

**DECLARATION****I hereby declare that:**

1. I have completed a minimum of one year and 50 hours of active beach patrol;
2. I have completed the above hours of patrol duty since obtaining my SLSA Bronze Medallion;
3. I am physically fit as a surf lifesaver; and
4. I will make myself available to attend all appropriate training sessions associated with the Service.

*(Points 2 & 3 are not applicable to SurfCom Operators)*

**IMPORTANT:**

Applicants must be prepared to do two (2) full years' service (subject to extenuating circumstances, eg. Job transfer). If a crew member resigns before full service is completed, such member will forfeit any rights to join the SLSQ Operations Support at any future time. Being a member of the crew does not give the privilege to neglect normal Club duties. Accordingly, applicants must realise that SLSQ Operations Support 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)

**SURF CLUB ENDORSEMENT**

To be endorsed by the Club Secretary after approval from the Club Management Committee. This application is

Duly endorsed by the \_\_\_\_\_ SLSC Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Position: \_\_\_\_\_  
(Club Executive Officer)

**Complete ALL details and return form by EMAIL to:**

State Lifesaving Operations Support Coordinator - opssupport@lifesaving.com.au

**NOTE: COPY OF A FULL SURFGUARD REPORT MUST BE ATTACHED OR APPLICATION WILL BE RETURNED**