

# SURF LIFE SAVING QUEENSLAND

## PATROL HOURS EXEMPTION REQUEST LATE PROFICIENCY REQUEST

Members are to complete the below form and have endorsed by your Club Executive/Management Committee and submit to your Branch. This is for the use of competitive members ONLY.

DUE DATE : All requests are due at the respective Branch office by COB on 31 January

<b>NAME</b>	
<b>EMAIL ADDRESS</b>	
<b>CLUB</b>	

Please indicate what you are applying for

<input type="checkbox"/>	Patrol Hours Exemption Request
<input type="checkbox"/>	Late Proficiency

### PATROL HOURS EXEMPTION REQUEST

Please outline the reasons behind your inability to perform the required patrol hours.  
Please note that proof must be provided for any reason listed.

<input type="checkbox"/>	Medical Reason (please attach doctors certificate. This MUST include a clearance date for return to normal duties)
<input type="checkbox"/>	International Employment (please attach employment & flight records)
<input type="checkbox"/>	Fly in Fly Out Employment (please attached employment records/roster)
<input type="checkbox"/>	Member of the Armed Services (please attach proof)
<input type="checkbox"/>	Returning Member (we will verify this via the membership database)
<input type="checkbox"/>	Other (please indicate reason) _____

### LATE PROFICIENCY REQUEST

Please outline the reasons behind your inability to perform the required patrol hours.  
Please note that proof must be provided for any reason listed.

<input type="checkbox"/>	Medical Reason (please attach doctors' certificate. This MUST include a clearance date for return to normal duties)
<input type="checkbox"/>	International Employment (please attach employment & flight records)
<input type="checkbox"/>	Fly in Fly Out Employment (please attached employment records/roster)
<input type="checkbox"/>	Member of the Armed Services (please attach proof)
<input type="checkbox"/>	Returning Member (we will verify this via the membership database)
<input type="checkbox"/>	Other (please indicate reason) _____

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### APPLICANTS DECLARATION

I declare that the information provided in this application is true and correct. I also acknowledge that the Club, Branch or SLSQ may contact me or others to determine the validity of my application.

I further acknowledge that I am required to adhere to the rules, regulations and policies of my Club, Branch, SLSQ and SLSA as it relates to patrol hours and proficiency requirements and will adhere to the decision made relevant to this application.

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Name

Signature

Date

### CLUB ENDORSEMENT (Must be signed by an Executive or Management Committee Member)

On behalf of \_\_\_\_\_ SLSC, I \_\_\_\_\_ holding the position of \_\_\_\_\_ declare that all information provided in this application is true and correct and that the application on behalf of the stated members is endorsed by the Club.

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Name

Signature

Date

### BRANCH ENDORSEMENT

<input type="checkbox"/>	Member Registered for Current Season
<input type="checkbox"/>	Member holds proficient relevant award for competition
<input type="checkbox"/>	Member over 18 holds a Blue Card

### Additional Comments :

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On behalf of \_\_\_\_\_ Branch, I \_\_\_\_\_  
Holding the position of \_\_\_\_\_ endorse the application for the stated member for

<input type="checkbox"/>	Patrol Hours Exemption Request
<input type="checkbox"/>	Late Proficiency
<input type="checkbox"/>	Both

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Name

Signature

Date

# SURF LIFE SAVING QUEENSLAND

PATROL HOURS EXEMPTION REQUEST  
LATE PROFICIENCY REQUEST

## SLSQ ENDORSEMENT

On behalf of SLSQ please be advised of the following decision

<input type="checkbox"/>	Endorsed
<input type="checkbox"/>	Not Endorsed

Additional Comments :

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Name

Signature

Date