



CIRCULAR 1038

Released March 2010

2010/2011 SLSCC Yellow Pages® Rescue Water Craft Service – Call for Nominations

Audience: Club Secretaries, Club Presidents, Club Captains, Interested Parties

Date: 15th March 2010

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Summary	2010/2011 SLSCC RWC – Call for Nominations
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Surf Life Saving Central Coast
Hereby invites interested members to nominate as Operators within the
SLSCC Yellow Pages® Rescue Water Craft Service.

As you may be aware, Surf Life Saving Central Coast (SLSCC) has established the Yellow Pages® Rescue Water Craft (RWC) Service to extend and enhance lifesaving services on the Central Coast. At present, SLSCC has numerous qualified RWC operators who patrol the Central Coast beaches on a rostered basis.

Surf Life Saving Central Coast are now calling for a further 10 interested members of Central Coast surf clubs to undergo extensive training and serve as operators within the SLSCC Yellow Pages® RWCS. It is anticipated that this group will undertake training with our RWC Facilitators during the 2010/2011 season and will be fully qualified by the end of August, 2010.

Interested candidates should achieve the following pre-requisites to be eligible for selection for RWCO training:

1. Be a minimum of 18 years old on the date of the examination
2. Hold a proficient SLSA Surf Bronze Medallion (Cert II)
3. Hold a proficient Senior First Aid Certificate
4. Hold a proficient Advanced Resuscitation Certificate
5. Hold a proficient SLSA Silver Medallion (Patrol Captain)
6. Hold a proficient SLSA Silver Medallion (IRB Driver)
7. Hold a proficient Spinal Management Certificate
8. Hold a proficient Defibrillation Certificate
9. Hold a current NSW General Boat Licence*
10. Hold a current NSW Drivers Licence (to operate a tow vehicle)
11. Complete a 300m timed pool swim in 7minutes or less
12. Gain approval from the SLSCC Director of Lifesaving
13. Gain approval from the SLSNSW Director of Lifesaving

*To hold a PWC Licence (Full or Gratis) would be desirable. However, any selected nominees will have the opportunity to complete a Gratis PWC Licence as part of their initial training.

Clubs are eligible to nominate 3 nominees (on separate nomination forms). However, this does not guarantee that there will be a successful nominee from each club, as selection will be based on merit. All nomination forms must be completed in full. Applicants must hold all prerequisites or nomination will be denied. It is the responsibility of each candidate and club administrator to make sure all awards are registered on Surfguard to allow SLSCC to check on all awards. Selection of nominees will follow that of SLSNSW.

Clubs will be charged \$25 plus the normal award fee for their nominee to complete the RWCO award.

A nomination form is attached to this circular and is required at the Branch Office by Friday 23rd April 2010. No late nominations will be accepted.

Kind Regards,

Stuart Harvey
Director of Lifesaving
Surf Life Saving Central Coast

Nominations are due at SLSCC by: Monday April 23rd 2010

Return completed application:

✉ SLSCC RWCS Coordinator, SLSCC, PO Box 5029, Chittaway Bay, NSW, 2261
☎ (02) 43530298 ✉ dmcclelland@slscc.com.au ☎ (02) 43530299



SLSCC Yellow Pages® Rescue Water Craft Service NOMINATION FORM

Personal Details:

Club:			
First Name:			
Last Name:			
Postal Address:			
E-mail Address (Desirable)			
Telephone:	Home:	Work:	
	Mob:	Fax:	
Date of Birth:			
Next of Kin name:			
Next of Kin relation:			
Next of Kin Telephone:	Home:	Work:	
	Mob:	Fax:	

Clothing Details:

Tick one box for each item ✓

Shirt	S	M	L	XL	XXL
Shorts	S	M	L	XL	XXL
Jacket	S	M	L	XL	XXL

Qualifications

SLSA Bronze Medallion	Date of award: ___ / ___ / ___ . & No: _____
Senior First Aid Certificate	Date of award: ___ / ___ / ___ . & No: _____
Advanced Resuscitation Certificate	Date of award: ___ / ___ / ___ . & No: _____
SLSA Silver Medallion (Life Support)	Date of award: ___ / ___ / ___ . & No: _____
SLSA Silver Medallion (Patrol Captain/ Basic Beach Management)	Date of award: ___ / ___ / ___ . & No: _____
SLSA Spinal Management Certificate	Date of award: ___ / ___ / ___ . & No: _____
SLSA Defibrillation Certificate	Date of award: ___ / ___ / ___ . & No: _____
SLSA Silver Medallion (IRB Driver)	Date of award: ___ / ___ / ___ . & No: _____
NSW Waterways General Boat Licence	No: _____
NSW Drivers Licence	No: _____

NOTE: SLSA qualifications will be checked by SLSCC via Surfguard. Please supply evidence of any other relevant qualifications with your nomination.

Describe any other relevant qualifications:

Relevant Experience:

Level	Position	No. of Seasons	Dates
Club			
Branch			
State			

National			
International			

Describe any other relevant experience:

Briefly explain why you would like to become a member of the SLSCC Yellow Pages® RWCS:

Nomination must be signed by Club President or Club Captain			
I certify that _____ is a member of _____ and that this application has the endorsement of the club.			
Name:		Signed:	
Position:		Date:	

Signature of applicant

_____ Date _____

In signing this form I acknowledge that:

- The information in this application is accurate to the best of my knowledge.
- This is a nomination form and does not guarantee selection.
- If selected, photographs may be taken of me during RWCS operations & used at a later time for marketing and promotional purposes. No further permission will be required by SLSCC.

Privacy Act Information

By submitting this form you are:

1. Consenting to Surf Life Saving Central Coast using these details for the purpose of administration.
2. Acknowledging your right to access, and if necessary correct this information in accordance with the Privacy Act, and subsequent amendments.

Return completed application:

✉ SLSCC Support Officer, SLSCC, PO Box 5029, Chittaway Bay, NSW 2261
 ☎ 4353 0298 ✉ dmccllland@slscc.com.au ☎ 4353 0299

By: Friday 23rd April 2010



SLSCC Yellow Pages[®] Rescue Water Craft Service MEDICAL INFORMATION & CONSENT FORM

Please complete the following form to help us ensure your safety and well-being.

Personal Details:-

Name: _____ Age: _____ D.O.B. _____

Emergency Contact/Next of Kin #1	
Name: _____	Relationship: _____
Phone: (hm) _____	(mob) _____
Emergency Contact/Next of Kin #2	
Name: _____	Relationship: _____
Phone: (hm) _____	(mob) _____

Medical Information:-

Do you or have you ever suffered from any of the following conditions:-

Yes	No	Condition	Details
		Allergies of any sort	
		Asthma	
		Breathing difficulties	
		Broken Bones	
		Cardiac problems of any kind	
		Deafness	
		Diabetes	
		Epilepsy	
		Eye problems	
		Haemophilia	
		Healing or open wounds	
		Infectious disease	
		Recent soft tissue injury	
		Recent gastrointestinal problems	
		Recent illness of any kind	
		Spinal injury	

Are you currently on any medication? (circle) Yes No

Details: _____

Do you wear a hearing aid? (circle) Yes No
Do you wear glasses or contact lenses? (circle) Yes No
Do you wear Medic Alert Identification (circle) Yes No

Details _____

Participant Acknowledgment:-

I hereby declare that to the best of my knowledge the information provided on this form is true and accurate.
I hereby give my permission to treat me if a minor injury occurs or to administer medically prescribed medication or paracetamol. In the case of a more urgent matter an ambulance will be called first and then my next of kin notified.
I acknowledge that the information contained herein is confidential and, pursuant to the Privacy Act, will only be strictly used by SLSCC to effectively care for me and will not be used or distributed for any other purpose.

Name: _____ Signature: _____ Date: _____

Nominations are due at SLSCC by: Friday 23rd April 2010

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