Group/Service Name:							
☐ New member	or	☐ Existing N	Member Re-a	pplication (annually)			
APPLICANT DETAILS							
Last name:		First name:					
Address:							
Suburb:		State		Postcode:			
Telephone: (H)		(W)		(M)			
Email:			Date of Birt	h:/			
Club:		Branch:					
SUPPORT SERVICES APPLY	YING FOR (one ap	plication form p	per service):				
□ RWC Operator □ Duty Officer □ SurfCom Operator □ ORB Skipper □ ORB Crew □ Other:		 □ JRB Crew □ JRB Driver □ JRB Skipper □ ORB Driver □ Patrol Support Officer 					
MINIMUM PRE-REQUISITE (t	ick box for appropr	iate awards he	ld and profici	ent):			
□ Bronze Medallion□ Advanced Resuscitation Te	chniques	☐ Senior Fi☐ IRB Crew					
☐ IRB Driver				Beach Management			
☐ JRB Crew		☐ JRB Drive					
☐ JRB Skipper☐ ORB Driver		☐ ORB Cre☐ ORB Skip					
☐ Radio Operators							
☐ NSW Boating Licence / PW	C License						

Pre-requisite Matrix														
	Age	ВМ	MVL	SMBBM	SFA	ARTC	VHF	TOC	CNC	JRBC	ORBC	ROC	JRBD/ ORBD	BL/ PWC
RWC operator	18	•	•	•	•	•								
JRB Crew	16	•				•								
Duty Officer	18	•	•	•	•	•								
JRB Driver	18	•	•			•				•				
SurfCom Ops	17						•					•		
JRB Skipper	18	•	•			•	•	•	•	•				
ORB Crew	16	•				•								
ORB Driver	18	•	•			•	•				•			
ORB Skipper	18	•	•		•	•	•	•	•		•			

BM =Bronze Medallion, MVL=Motor Vehicle Licence, SMPC=Silver Medallion Patrol Captain, SFA=Senior First Aid, ARC = Adv Resuscitation, VHF= Marine Radio Licence, TOC=Training Officers Certificate, CNC=Coastal Navigation Course, JRB=Jet Rescue Boat Crew, ORBC=Offshore Rescue Boat Crew, ROC=Radio Operators Certificate, BL/PWC=Boating Licence/PWC Licence

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

APPLICANT DECLARATION I have an understanding of the Support Service position/s that I have applied for and the relevant sections of the SLSNSW Standard Operating Procedures Manual. I agree to comply with SLSA & SLSNSW current training manuals & policies which includes holding the correct (and current) prerequisites at all times when operating the rescue craft. I also understand that SLSNSW and the Branch have the right to withdraw any endorsement at any time should I breach any of the above __/___/___/____ Signed: Date: **ENDORSEMENT Branch Endorsement** Branch Director of Lifesaving / Branch Support Service Officer to tick: ☐ Minimum Pre-requisites checked ☐ Induction (SOPS, resources and Job Description) ☐ Form completed correctly □ Application endorsed Signature: **State Endorsement** ☐ Verified, Validated and Recorded Signature:

Surf Life Saving New South Wales