



## Coolangatta SLSC Awards Expression of Interest

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Membership Category: \_\_\_\_\_ Patrol Group: \_\_\_\_\_

Contact- Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred training day(s) & time: \_\_\_\_\_

Awards you wish to complete (please tick all applicable):

- Resuscitation Certificate (HLTAID001 - Provide CRP) [10]
- Surf Rescue Certificate [13]
- Radio Operators Certificate [13]
- First Aid Certificate (HLTAID003 – Provide First Aid) [14]
- Bronze Medallion/ Certificate II in Public Safety (Aquatic Rescue) [15]
- Inflatable Rescue Boat (IRB) Crewperson Certificate [15]
- Spinal Management [15]
- Advanced Resuscitation Techniques [15]
- Silver Medallion IRB Driver [16]
- Training Officer Certificate [16] Please specify what award(s): \_\_\_\_\_
- Silver Medallion Aquatic Rescue [16]
- ATV & Tractor Induction [17]
- Silver Medallion Basic Beach Management [17]
- Silver Medallion Advanced First Aid [17]
- Gold Medallion [17]
- Assessors Certificates [18] Please specify what award(s): \_\_\_\_\_
- Pain Management [18]
- Rescue Water Craft Operator Certificate [18]
- Other Please specify what award(s): \_\_\_\_\_

### Office Use Only

Candidates prerequisites verified:   
*(financial member, meets minimum age requirement, holds prerequisite awards)*

Advised of upcoming course:

Form Confirmation sent to member

Award completed:

Date Received:        /        /

Date Processed        /        /

Processed by:

Signature:

Please return completed form to [cto@coolangattaslsc.com.au](mailto:cto@coolangattaslsc.com.au) or drop it into the Surf club office  
For more information call Belinda on 0438 204 479