



Season 2005/06

Certificate II in Public Safety (aquatic rescue) Update Proficiency

CANDIDATE INFORMATION

Full Name: _____

Date of Birth: _____

Mailing Address: _____

Postcode _____

Contact Telephone/Mobile: _____

Email: _____

Lifesaving Club: _____

SLSA Bronze Number: _____

I have completed _____ patrol hours (approximately) in the last 3 years.

TO BE FILLED OUT BY A CLUB REPRESENTATIVE

I believe this to be an accurate estimation of the hours completed by the above mentioned member.	
Name: _____	
Position: _____	
Signature: _____	Date: _____

ASSESSOR VERIFICATION

I have assessed the theory paper of the above mentioned candidate. I have found him/her to be competent in their completion of this theory paper.	
Name: _____	
Signature: _____	Date: _____

This form is to be forwarded to SLSNSW for the 2005/2006 season in order to qualify you to receive your Certificate II in Public Safety (aquatic rescue) and remain proficient as a patrolling surf lifesaver.

2005/06 SLSNSW Proficiencies
PUATEA004B Work effectively in a public safety organisation.



These questions cover competency needed to manage you own work and to work effectively with other lifesavers.

1. List 3 meetings, forums and/or working groups have you participated in the past two years within Surf Lifesaving?

2. What is the SLS policy number that acknowledges the organisations commitment to Equity and Discrimination (See Training Manual)

3. List the four items that is the standard Surf Life Saving uniform

4. List three factors that can negatively affect your performance as a lifesaver?

5. List 2 problems that could arise for you or your patrol if you do not arrive at the required time?

6. List three ways in which lifesavers can enhance visitors time at the beach

7. List 4 important actions you would take after being involved in a rescue (that required a patient to be resuscitated?)

8. List 2 specific ways your club/workplace keep its members informed?

9. List a minimum of three things you have learnt while on patrol which will or has helped you to be a better lifesaver.

IT IS THE CLUBS RESPONSIBILITY TO FORWARD THIS FORM SIGNED DIRECTLY TO SLSNSW.

**Attention: CRAIG ROBERTS
Manager Volunteer Education
PO Box 430
Narrabeen NSW 2101**