

Skills Maintenance (proficiency) Dates Request Form



Club/Service Name

Contact Name

E-mail

Award Type

Location

Date/Time

**Authorised Delegate/
Assessor**

If Clubs require more space than provided on this form - please provide a 2nd form.

**Please return this form to SLSS Branch Office via email lifesaving@surflifesavingsydney.com.au
by COB 24 August 2018**

OFFICE USE ONLY: Date received at Branch office

**OFFICE USE ONLY: Dates added to Branch website calendar
(Lifesaving & Education) by office**