



Surf Official Course Application form

- ✓ Please print clearly.
- ✓ Please attach additional information if space is not sufficient.
- ✓ Send completed form and Third Party Report to State Centre along with a cheque for \$11 for endorsement, license and badge – please make cheque payable to your State Centre

Privacy

These personal details are being collected by Surf Life Saving Australia and its affiliated Branches and State Centres for the purpose of maintaining up to date records of SLSA officials. This information will not be disclosed to third parties. You have the right to access the information held about you by Surf Life Saving Australia.

Personal details

First Name	_____	Last Name	_____
Date of birth	_____	Male / Female	(please circle)
Address	_____ _____		
Town	_____	State	_____ Postcode _____
Phone (H)	_____	Phone (W)	_____
Phone (M)	_____	Fax	_____
Email	_____		
Club name	_____	SLSC	Shirt size (XS – 5XL) _____
Preferred name on badge:	_____		

Course Accreditation Details

APPLYING FOR LEVEL	1	2	3	(Please Circle)
Course location	_____	Date	_____	
Year joined SLSA	_____	Officiating since (year)	_____	

Code of Conduct – (The SLSA Member Safety & Wellbeing Policy (Policy 6.5, 6.5b and 6.5c) can be found on the [SLSA website](#) or received from your State Centre.)

I have read, understand and agree to abide by the SLSA Member Protection Policy and Code of Conduct. I understand that disciplinary action may result if I breach any area of this policy.

Applicants signature _____ Date _____

Please send your completed form, cheque and Third Party Report to your Branch / State Centre not SLSA.



Branch / State Centre to complete the below

The above official has completed the following (please tick) and third party report is attached

	Level 1	Level 2	Level 3
Attendance at a course			
Third Party Report (On Beach)			
Flexible learning (Option)			
Pre course assignment			
Post course assignment			

Branch Endorsement

I hereby declare that the above information is correct and the applicant has completed all the requirements to achieve the nominated accreditation.

Branch name		Date
	Name, position and signature of branch contact	_____
		Name (Please print)
		Position
		Signature

Please ensure that the Third Party Report is attached!

State Endorsement

State name		Date
	Name, position and signature of state contact	_____
		Name (Please print)
		Position
		Signature

Please ensure that the Third Party Report is attached!

SLSA Endorsement

Surf Life Saving Australia		Date
	Name, position and signature of SLSA contact	_____
		Name (Please print)
		Position
		Signature