

# Skills Maintenance (proficiency) Dates Request Form



**Club/Service Name**

**Contact Name**

**E-mail**

**Award Type**

**Location**

**Date/Time**

**Authorised Delegate/  
Assessor**

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**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](mailto: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**