Group/Service Name:						
☐ New member (must be over 18 years old) or ☐ Existing Member Re-application (annually)						
APPLICANT DETAILS						
Last name:	First name:					
Address:						
Suburb:	State		Postcode:			
Telephone: (H)	(W)		(M)			
Email:		Date of Birth	n:/			
Club:	Branch:					
	•					
SUPPORT SERVICES APPLYING FOR (one appli	•	<u> </u>				
□ RWC Operator	☐ JRB Crew					
☐ Duty Officer	☐ JRB Driver					
☐ SurfCom Operator☐ ORB Skipper	☐ JRB Skipper☐ ORB Driver					
☐ ORB Crew	☐ Patrol Support Officer					
☐ UAV Operator	☐ Other:					
_ onto operator						
MINIMUM DDE DECLUCITE (tick box for consocio	ta avvanda bal	d and musticia				
MINIMUM PRE-REQUISITE (tick box for appropria		· ·	ent):			
☐ Bronze Medallion	☐ Senior First Aid					
☐ Advanced Resuscitation Techniques☐ IRB Driver☐	☐ IRB Crew					
☐ JRB Crew	☐ Silver Medallion Basic Beach Management☐ JRB Driver					
☐ JRB Skipper	☐ ORB Crew					
☐ ORB Driver	□ ORB Skipper					
☐ Radio Operators	☐ Motor Vehicle Licence					
☐ NSW Boating Licence / PWC License						

Pre-requisite Matrix														
	Age	ВМ	MVL	SMBBM	SFA	ARTC	VHF	TOC	CNC	JRBC	ORBC	JRBD/ ORBD	BL/ PWC	LRAP
RWC operator	18	1	1	✓	✓	✓							✓	
JRB Crew	18	✓				✓								
Duty Officer	18	✓	1	✓	✓	✓								
JRB Driver	18	1	1			✓				✓			✓	
SurfCom Ops	18													
JRB Skipper	18	1	1			✓	4	✓		✓		✓	✓	
ORB Crew	18	✓				✓								
ORB Driver	18	✓	1			✓	✓				✓		✓	
ORB Skipper	18	✓	1		✓	✓	✓	✓	✓		✓	✓	✓	
UAV Operator	18													✓

BM =Bronze Medallion, MVL=Motor Vehicle Licence, SMBBM=Silver Medallion Basic Beach Management, SFA=Senior First Aid, ARTC = Adv Resuscitation Techniques, VHF= Marine Radio Licence, TOC=Training Officers Certificate, CNC=Coastal Navigation Course, JRB=Jet Rescue Boat Crew, ORBC=Offshore Rescue Boat Crew, ROC=Radio Operators Certificate, BL/PWC=Boating Licence/PWC Licence, LRA= Little Ripper Accredited Pilot. **Note:** SLSS requires RWC operators to be proficient in IRBD award, and hold the award for a min.1yr)

LIFESAVING EXPERIENCE AND REASON FOR JOINING – SLS Experience)	erience (in	ternal and	l external				
APPLICANT DECLARATION							
I have an understanding of the Support Service position/s that I have applied for and the relevant sections of the SLSNSW Standard Operating Procedures Manual. I agree to comply with SLSA, SLSNSW and Branch current training manuals & policies which includes holding the correct (and current) pre-requisites at all times when operating the rescue craft. I also understand that SLSNSW and the Branch have the right to withdraw any endorsement at any time should I breach any of the above.							
Signed:	Date:	/	/				
ENDORSEMENT							
Surf Rescue 30 Endorsement (as applicable)							
Signature: SR30 Secretary / SR30 Captain			_				
Branch Endorsement							
Branch Director of Lifesaving / Branch Support Service Officer to tick: ☐ Minimum Pre-requisites checked							
☐ Induction (SOPS, resources and Job Description)							
☐ Form completed correctly							
☐ Application endorsed							
Signature: Branch Director of Lifesaving / Branch Support Services	Officer		_				
State Endorsement	-						
☐ Verified, Validated and Recorded							
Signature:			_				
Surf Life Saving New South Wales							