

# SRC – BM Transition Application Form



## INSTRUCTIONS FOR USE

This form is for proficient Surf Rescue Certificate (SRC) holders who wish to transition to the Bronze Medallion (BM). Applicants must meet the criteria listed in the Applicant Details section to be eligible to apply. Please ensure you have read Circular 46/21-22 'Transitioning from Surf Rescue Certificate to Bronze Medallion'.

1. Complete the Applicant Details section below.
2. Your parent/guardian is to sign the form (if under 18 years of age).
3. Submit this form to your Chief Training Officer or Trainer at your first session or prior to commencing the course.

## APPLICANT DETAILS

Surname:

Given Name(s):

Surf Life Saving Club:

Date of birth:

Mobile (if available):

Email:

I, \_\_\_\_\_ declare that: \_\_\_\_\_

1. I have completed a minimum of 10 patrolling hours as a qualified SRC award holder within the last 12 months;
2. I am currently proficient in SRC;
3. I completed the SRC less than 3 years ago;
4. I will be a minimum of 15 years on the date of my BM final assessment;
5. I am confident in my abilities as an active member of a lifesaving patrol;
6. I will wholeheartedly participate in any scenario (assessment and/or training) where my participation is required to maintain group numbers and the effectiveness of the activity for other participants; and
7. I understand that attending all BM training components is recommended regardless of my eligibility for Recognition of Prior Learning.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## CLUB AUTHORISATION

I declare that the applicant meets the following criteria:

- Has completed a minimum of 10 patrolling hours as a qualified SRC award holder (SurfGuard reflective)
- Is currently proficient in SRC (SurfGuard reflective)
- Has completed their SRC less than 3 years prior to commencing this training
- Will be 15 years on the date of final assessment.

Authorising Name \_\_\_\_\_  
(Club Captain / Patrol Captain / Chief Training Officer / Assessor/Trainer)

Authorising Signature \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE (Branch/state representative to complete on successful completion of BM)

- All required assessment papers provided
- SurfGuard updated with UOC and Cert II

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_