



Instructors Record

Name: _____

Club: _____

SLSNZ Membership Number: _____

First Aid Level 1 (insert completion date): _____

Instructor Award Type (SLA or IRB): _____

Club Endorsement

Club committee position: _____

Name: _____ Signature: _____

Candidates presented at:

Examination	One	Two	Three	Four
Date				
Held at				
Candidates				
Pass				
Retest				
Examiner in charge				
Name				
Signature				

Once 4 candidates have passed, the Instructors details are transferred to the SLSNZ Examination Registration Form