

Region Endorsement Form

(Please note this form is only for members who do not hold a current required and refreshed qualification to be eligible to conduct refreshers. See pages 5-6 for more information.)

Name of Region: _____

Name of Club: _____

Name	SLSNZ Member #	Relevant Qualification(s), date(s) of achievement and other experience:	Type of Refresher		
			SLA/PS	IRB D	RWC
1.					
2.					
3.					
4.					
5.					

Note: Please ensure you have completed and signed off all fields. When complete, send to Regional Life Saving Manager.

I certify that the person(s) listed above is Regionally endorsed as a person authorised of overseeing and appropriately conducting a refresher for the 2021/22 Surf Lifesaving season.

SLSNZ Region: _____
signature *printed name*

Date: _____