

**Name of Club:**

Name	SLSNZ Member #	Surf Lifeguard / Patrol Support Signature <i>(this must be signed)</i>	CPR	Paper-based Theory Test	400m Pool Swim and/or 200m Run-Swim-Run		Tube Rescue	SLR or PSR	Completed	
									Initial	Date
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14. <i>example (AZ)</i>	12345	<i>example</i>	✓	✓	✓	✓	✓	SLR/PSR	AZ	01/10/2021

*Note: Please ensure you have completed and signed off all fields. When complete, send to [member.education@surflifesaving.org.nz](mailto:member.education@surflifesaving.org.nz) for processing.*

**Club Position (please tick)**

- Qualified SLA Instructor   or    Qualified SLA Examiner  
 or  
 Qualified Patrol Captain   or    Regionally Endorsed\*

I declare that I am qualified to conduct and supervise this annual refresher for the lifeguards listed above

\_\_\_\_\_ *printed name*

\_\_\_\_\_ *signature*