



SLSNZ Examination Registration Form

Club Name:

Exam Date:

| Complete before Examination | | | | | | | Complete after Examination | |
|-----------------------------|--------|---------------|-------------------------|--|-----------------------------|--|----------------------------|--------------------------------|
| Name | SLSNZ# | Email Address | Award Type SLA or PS | Reader / Writer Required? If yes, please complete Google form found on SLSNZ Calendar Event | Workbook Checked? Y or N | New Manual or Old Manual (Type 'N' for new and 'O' for old) | Pass / Retest | Certificate issued DD/MM/YY |
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| Examiner in Charge (EiC) to complete at exam: | | | Club to complete with above registration: | | | EiC to complete at exam: |
|---|--|---------------------|---|---------|-------|--------------------------|
| Examiner in Charge: | | | Club Instructors Attending: | SLSNZ # | Email | Attended? Y/N |
| | | <i>printed name</i> | <i>signature</i> | | | |
| Chief Examiner: | | | | | | |
| | | <i>printed name</i> | <i>signature</i> | | | |