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| **Complete before Examination** | **Complete after Examination** |
| Name | SLSNZ # | Email Address | Award Type | Reader / Writer Required | Workbook Submitted | Pass / Retest |
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Name of Club: Exam Date:

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| Examiner in Charge: |  |  | **Award Type Codes:** |
|  | *printed name* | *signature* | **SLA** Surf Lifeguard Award**PS** Patrol Support **IRB C** IRB Crewperson Module**IRB D** IRB Driver**BRM** Board Rescue Module | **PC** Patrol Captain**RWC** Rescue Water Craft **RTM** Rock Training Module**ITC** Instructors Training Course**ISC** Intro Sports Coach |
| Chief Examiner: |  |  |
|  | *printed name* | *signature* |