

# Instructors Record

Name: \_\_\_\_\_

Club: \_\_\_\_\_

SLSNZ Membership Number: \_\_\_\_\_

Surf First Aid (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