



## RWC Operators Application & Endorsement

Name: \_\_\_\_\_ SLSNZ Membership #: \_\_\_\_\_

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

Surf Lifeguard Award (refreshed date): \_\_\_\_\_

Senior Lifeguard Award – IRB Driver (refreshed date): \_\_\_\_\_

Marine VHF Radio Operators Certificate (insert date): \_\_\_\_\_

Surf First Aid (insert date): \_\_\_\_\_

400m Pool swim time\*: \_\_\_\_\_

\* must be signed off by any approved refresher assessor.

### Endorsement

Club committee position: \_\_\_\_\_

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

Regional Staff position: \_\_\_\_\_

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

Once club endorsement has been received, please send this form to your Regional Lifesaving Manager to gain regional endorsement.

The application will be evaluated against the club/region RWC needs and if accepted onto the course, be provided access to the RWC online learning and invited to the next RWC training block.