



This application form applies to the 2008/2009 Regional Lifeguard Service and 2008/2009 Beach Education Programme.

1. Applicant Personal Information:

SLSNZ Membership Number (if unsure contact the district office):	
Surname:	First Names:
Date of Birth:	Age at October 1 2008:
Postal Address:	
Second Address (if moving prior to the season commencing):	
Please send mail to this address after:	
Email Address:	
Telephone (Home):	Telephone (Mobile):

2. Next of Kin:

Next of Kin Name:	
Next of Kin Relationship:	
Phone (Home):	Phone (Mobile):

3. Surf Life Saving Employment

Please indicate which role/s you are applying for:

Beach Ed	<input type="checkbox"/>	Regional Guard	<input type="checkbox"/>
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4. Club/Service Endorsement:

<i>This endorsement must be signed by the club President or club Captain of the submitting applicant's club.</i>	
Endorsements:	
<ul style="list-style-type: none"> ✓ Financial Member of the club ✓ No outstanding judicial matters pending ✓ Club obligations met in previous season <p style="text-align: center;"><i>(please delete any of the above statements should the member not meet any of the listed endorsements)</i></p>	
I certify that _____ of _____ SLSC meets the requirements as a member of our club and that this application has the official endorsement of the club.	
Name:	Signed:
Position: Club Captain / Club President <i>(circle the applicable position)</i>	Date:

Note: This endorsement may be emailed by the club captain or club president to the district.

5. Uniform Sizing:

(please tick the box for relevant size for each item of uniform / equipment that may be provided)	S	M	L	XL	XXL
Patrol Shirt					
Patrol Shorts					
Rash Shirt					
Patrol Jacket					
Patrol Hat					
Long Pants					
Note: The above list is an indication only. It does not guarantee supply of the above items.					
Please list what items (listed above) that your currently have (in good condition) and don't require replacement:					

6. Lifeguarding Experience – General:

This section is used to assess your level of relevant experience for a regional lifeguard position:			
Number of seasons patrolling (volunteer):			
Number of seasons employed as a regional lifeguard:			
Number of seasons employed as a head / patrol captain for a regional lifeguard service:			
Do you hold the IRB Operator Award?	Yes / No	Date Obtained:	Venue:
Do you hold the Senior Lifeguard Award?	Yes / No	Date Obtained:	Venue:

7. Lifeguarding Experience – Specific:

How many years of lifeguard experience do you have in the following placements / roles:			
Enter Name of Beach:	1)	2)	
Volunteer Lifeguarding			Beach Ed Instructor
Regional Lifeguarding			Patrol Captain (vol):

8. 400m Pool Swim Prediction

Please indicate (below) an approximate time for you to complete a 400m Pool Swim?

9. Personal Qualifications Summary:

Please complete the following table to indicate which surf life saving relevant qualifications you hold.	Do you hold? Yes / No	Date obtained Month/Year	District award was gained in	Date of most recent refresher
Surf Life Guard Award				
IRB Crewperson Award				
IRB Driver Award				
First Aid Level 1 (NZQA 6400,6401,6402)				
First Aid Level 2 (NZQA 14470/14472)				
First Aid Level 3 (NZQA 14471/14473)				
Senior Life Guard Award				
Advanced Life Guard Award				
Marine VHF Radio Operators Award				
Rescue Water Craft Operator Award				
Patrol Captains Course / Workshop				
New Zealand Drivers Licence (class _____)				
Please outline any other relevant qualifications or achievements:				

10. Preferred Placement – Regional Guard Service

Please write in the space below your preferred placements for employment this summer.		
1st Choice	2nd Choice	3rd Choice
Placements available this summer: Warrington, St Kilda, St Clair, Brighton, Kaka Point		
<i>*Please note that this is an indication only of where you would prefer to work. There is no guarantee that you will be placed at the locations you have indicated above.</i>		

11. Health / Medical Screening Questionnaire:

Do you or have you ever suffered from any of the following conditions:			
Yes	No	Condition	Please Provide Details
		Allergies of any sort	
		Asthma	
		Breathing difficulties	
		Broken Bones	
		Cardiac problems of any kind	
		Deafness	
		Diabetes	
		Epilepsy	
		Eye problems / Sight Impairment	
		Haemophilia	
		Healing or open wounds	
		Infectious disease	
		Recent soft tissue injury	
		Recent gastrointestinal problems	
		Recent illness of any kind	
		Spinal injury	
		Are you currently on any medication?	
		Do you wear 'medic alert' identification	
		Do you wear a hearing aid?	
		Do you wear glasses or contact lenses?	

**Surf Life Saving may require you to obtain a clearance from a medical practitioner prior to undertaking an applicant assessment or before offering employment if a current or past condition could effect your performance as a regional lifeguard or beach ed instructor.*

12. Availability for employment

REGIONAL GUARD: Please confirm in the space below your availability for employment this summer.			
Week	Periods / Weeks	Comments	Tick
1	Dec 22-25	Core Season – All applicants are required for this period, unless otherwise approved by the District Manager.	
2	Dec 29-Jan 1		
3	Jan 5-9		
4	Jan 12-16		
5	Jan 19-23		
6	Jan 26-30		
7	Feb 2-5		
BEACH EDUCATION: Please confirm in the space below your availability for employment this summer.			
Term	Periods / Weeks	Comments	Tick
4	Nov 11 th – Dec 19 th 2008		
1	Feb 10 th – Mar 4 th 2009		

What weeks/periods within the season would you be unable to work? Why?

13. 2008 Regional Lifeguard Assessment

All applicants must complete an official regional lifeguard service assessment prior to us being able to offer you employment.			
	Saturday 8th November	Salt Water Pool 9am	Practical & Theory Assessment
Regional Lifeguard Service Training / Induction Day:			
✓	Saturday 6th December	St Clair SLSC 10am	Requirement to attend if employment contract is offered.
I am unable to attend the above assessment dates at the locations listed because:			
Source to Verify Reason for Non-Availability (lecturer, employer etc)			
Name:		Contact Phone Number:	
Email Address:			
Position:		Company:	

14. Position / Role / Responsibility

What RLS position/s are you interested in? (You may tick more than one box)			
	<u>08-09</u>	<u>09-10</u>	<u>10-11</u>
Rookie Guard			
Lifeguard			
Senior Guard			
Head Guard			
Beach Ed Instructor			
Head Beach Ed Instructor			

15. Checklist

Have you:

<input type="checkbox"/>	Fully completed all sections of this application form?
<input type="checkbox"/>	Selected the assessment dates you are able to attend?
<input type="checkbox"/>	Included your SLSNZ membership number at the beginning of the application form?
<input type="checkbox"/>	Attached a bank deposit slip with your bank account number to this application form
<input type="checkbox"/>	Attached and completed an IR 330 form (Tax code declaration)

16. Signature of Applicant:

In signing I acknowledge that the information in this application is accurate to the best of my knowledge. I understand that any false information provided on this application form may result in me not gaining employment or my employment being terminated by my Regional Lifeguard Service and Beach Education Programme employer.

Signed: _____

Date: _____

**Return Completed Application:
Surf Life Saving Otago
District Manager
PO Box 969
Dunedin**

**REGIONAL LIFEGUARD SERVICE / BEACH ED APPLICATIONS CLOSE:
October 3rd 2008**

Privacy Act Information

By submitting this form you are:

1. Consenting to Surf Life Saving using these details for the purpose of administering the 2008/2009 Regional Lifeguard Service (RLS) and 2008/2009 Beach Education programme.
2. Acknowledging your right to access, and if necessary correct this information in accordance with privacy Act, 1993 and subsequent amendments.