



**SURF LIFE SAVING**  
NORTHERN REGION

## REGIONAL LIFEGUARD SERVICE APPLICATION FORM 2007 - 2008

**This application form applies to the 2007-2008 Regional Lifeguard Service only.**

Please indicate which other roles you are separately applying for:

Beach Ed	<input type="checkbox"/>	Patrol Auditor	<input type="checkbox"/>	SurfCom	<input type="checkbox"/>	RWC/Helicopter	<input type="checkbox"/>
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### **Applicant Details**

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

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

Date of Birth: \_\_\_\_\_ Age at December 1 2007: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Second Address (if moving prior to the season commencing):

Use after \_\_\_ / \_\_\_ / \_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Telephone Hm: \_\_\_\_\_ Mob: \_\_\_\_\_

### **Next of Kin**

Next of Kin Name: \_\_\_\_\_

Next of Kin Relation: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Club/Service Endorsement**

Must be signed by your **Club Captain or President**. A list of applicants will be circulated to all clubs

✓ *Financial Member*

I certify that \_\_\_\_\_ meets the requirements as a member of \_\_\_\_\_ SLSC, and that this completed application has the endorsement of the Club.

Name:

Signed:

Position:

Date:

*Note: Endorsement may be emailed by the Club Captain / President to SLSNR*

**Patrol Uniform**

	S	M	L	XL	XXL
Patrol Shirt	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Patrol Shorts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rash Shirt	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jacket	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hat	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Long Pants	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Wetsuit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Belt Bag	<input type="text"/>				
RLS Bag	<input type="text"/>				

*The above list is an indication only. It does not guarantee supply of the above items.*

Please list what items of RLS uniform you currently have (in good condition) and don't need replaced: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Qualifications Held:**

	Tick	Date Gained	
Drivers Licence (class _____)			-
Surf Lifeguard Award (pre-req)			<i>Annually refreshed</i>
First Aid Level 1 (pre-req)			<i>Biannually refreshed</i>
First Aid Level 2 (pre-req)			<i>Biannually refreshed</i>
IRB Driver (recommended)			<i>Annually refreshed</i>
RWC Driver			<i>Annually refreshed</i>
Senior Lifeguard School			-

**Describe any other relevant qualifications or achievements:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Experience:**

How many years lifeguard experience do you have?

	West Coast	East Coast		
Volunteer	<input type="text"/>	<input type="text"/>	Beach Ed	<input type="text"/>
Regional Guard	<input type="text"/>	<input type="text"/>	Surfcom	<input type="text"/>

**RLS Placement:**

1<sup>st</sup> choice

2<sup>nd</sup> choice

3<sup>rd</sup> choice

Specific Beach:

*This is just an indication. There is no guarantee that the beaches you choose will be where you work.*

**Availability: Please confirm your employment availability below**

Week	Periods / Weeks	Comments	Tick
	Dec 3 – 7		
	Dec 10 - 14		
	Dec 17 – 21		
	Dec 24 – 28	<b>Core Season</b> – All applicants are required for this period, unless otherwise approved by RLS Management	
	Dec 31 – Jan 4		
	Jan 7 -11		
	Jan 14 – 18		
	Jan 21 – 25		
	Jan 28 – Feb 1		
	Feb 4 – 8		
	Feb 10 – 15		
	Feb 18 – 22		
	Feb 25 – 29		
	Mar 3 – 7		
	Mar 10 – 14	SLSNZ Nationals 14-16 <sup>th</sup> March	
	Mar 17 – 21		

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

**Note:** Availability over the Christmas/New Year period is an employment requirement, unless otherwise approved by SLSNR management.

**Note:** Regional Lifeguards patrol Xmas and New Years Day. Regional Lifeguards do not patrol any other public holidays

**Position / Role / Responsibility**

What RLS position/s are you interested in? (You may tick more than one box)

	<b><u>07-08</u></b>	<b><u>08-09</u></b>	<b><u>09-10</u></b>
<b>Lifeguard</b>			
<b>Vice Patrol Captain</b>			
<b>Patrol Captain</b>			
<b>*Rescue Water Craft</b>			
<b>Supervisor</b>			
<b>SurfCom</b>			

*\* Rescue Water Craft Lifeguards must be active members of the Volunteer RWC/Helicopter Team to be considered for this role; see [www.lifesaving.org.nz](http://www.lifesaving.org.nz)*

**Beach Education**

Are you intending to work as a Beach Education instructor this summer?

<b>Y / N</b>
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Keep in mind the fact that both Beach Ed and the Regional Lifeguard Service run concurrently in February and March.

If you are applying for both RLS and Beach Ed, which would be your employment preference in February/March?

*Please Circle*                      **Regional Guard / Beach Ed**

**Employment History**

How would you rate your previous employment history with the RLS?

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Note: Past RLS employment history will be taken into account in the selection process

**Assessment Dates.** Please select one MRC date that you will attend

<input type="checkbox"/>	5pm Tuesday October 16	MRC Assessment	Tick one MRC Assessment date only
<input type="checkbox"/>	5pm Wednesday October 24	MRC Assessment	Tick one MRC Assessment date only
<input checked="" type="checkbox"/>	9am Saturday October 27	Piha Assessment	Attend if successful at MRC

**RLS Training Day**

<input checked="" type="checkbox"/>	9am Saturday December 1	RLS Training Day - Piha	Attend if employment gained
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**Note:** Attendance at an official RLS assessment is a compulsory requirement for employment.

**Application for alternative assessment venue**

(Only complete if unable to attend any of the above dates because you are residing outside of the region)

Reason for inability to attend the designated assessments?

Contact person for verification: (lecturer, employer)

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

Role/Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Note:** The allowance for an alternative assessment venue is not guaranteed and the obligation lies with the applicant to attend a provided assessment.

**Referees**

Referees may be used in the selection of Patrol Captains, any role with a supervisory mandate and for any applicant with a poor employment history. Please include at least one employment referee below.

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

Position/Relationship: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

## **Checklist**

Have you:

- Fully completed this application form?
- Selected the assessment dates you are going to attend?
- Included your SLSNZ membership number?
- Read and understood the attached "Information Document"?
  
- Fully completed the separate employment pack and sent to SLSNR?**

## **Signature of Applicant:**

\_\_\_\_\_ Date: \_\_\_\_\_  
*In signing I acknowledge that the information in this application is accurate to the best of my knowledge*

### **Return Completed Application:**

SLSNR, P O Box 2195 Auckland, New Zealand  
☎ +64 9 303 0663 ☎ +64 9 379 6298 ✉ [experts@lifesaving.org.nz](mailto:experts@lifesaving.org.nz)

**REGIONAL LIFEGUARD SERVICE APPLICATIONS  
CLOSE 5PM, 1<sup>st</sup> October 2007**

### **Privacy Act Information**

**By submitting this form you are:**

1. Consenting to Surf Life Saving Northern Region using these details for the purpose of administering the 2007/2008 Lifesaving Service
2. Acknowledging your right to access, and if necessary correct this information in accordance with privacy Act, 1993 and subsequent amendments.