

SLSA SURF RESCUE CERTIFICATE – FINAL ASSESSOR SIGN-OFF

Candidate's name: _____

Member No. _____

Club: _____

Induction	The candidate has undertaken a full induction according to the requirements of the Surf Rescue Certificate Training Manual.	Trainer name and signature:	Induction date: / / 20
Prerequisite swim	The candidate performed a 200m swim in under five minutes prior to commencing the Surf Rescue Certificate program.	Trainer name and signature:	200m Swim date: / /20 Time:

Assessment Task	Assessment Objective	Assessor's signature/s and assessment date/s	The candidate is assessed as: <small>C = Competent NYC = Not yet Competent</small>
1 - Signals	The candidate can communicate effectively on more than one occasion using standard SLSA non-verbal signals.	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	
2 – First Aid	The candidate can perform appropriate first aid on more than one occasion.		
3 – Resuscitation	The candidate can provide appropriate and effective resuscitation techniques and demonstrate correct use of equipment on more than one occasion.		
4 - Learner Guide Questions	The candidates demonstrate the underpinning knowledge required to demonstrate their competence in the Surf Rescue Certificate to an acceptable standard.		
5 – Run-swim-run	The candidate has a level of fitness and physical ability appropriate to perform lifesaving duties.		R-S-R time
6 – Rescue Activity	The candidate can identify the need for a rescue and can perform a rescue safely and effectively on more than one occasion.		

The candidate has been fully assessed and is eligible to receive the SLSA SURF RESCUE CERTIFICATE

Chief Assessor's name: _____

Chief Assessor's signature: _____

Date of final Assessment: / / 20

IMPORTANT NOTE: The candidate must complete (and if 18 or over, sign) the confirmation on the reverse of this page before this form is submitted. Assessment is not complete until the candidate has completed their confirmation. When assessment is complete this page can then be torn out and forwarded to the appropriate person for processing.

CANDIDATE CONFIRMATION

Please complete the following form and, IF 18 OR OVER, sign at the bottom where indicated.

	YES	NO
Please confirm that the following occurred PRIOR to your assessment:		
▪ I received a full induction, addressing all of the items in the 34 TH Edition Public Safety and Aquatic Rescue Training Manual checklist.	<input type="checkbox"/>	<input type="checkbox"/>
▪ I received all of the training required to prepare me for assessment.	<input type="checkbox"/>	<input type="checkbox"/>
▪ The national qualification for which I am being assessed was explained to me, and I understand the units and qualification I will receive if I am successful.	<input type="checkbox"/>	<input type="checkbox"/>
▪ I had an opportunity to discuss any special needs I have.	<input type="checkbox"/>	<input type="checkbox"/>
▪ My rights and responsibilities regarding the training and assessment, including the appeals and complaints processes, were explained to me.	<input type="checkbox"/>	<input type="checkbox"/>
Please confirm that the following occurred AS PART OF the assessment:		
▪ Each assessment task was clearly explained to me, and I had a chance to ask questions or seek clarification.	<input type="checkbox"/>	<input type="checkbox"/>
▪ I was asked questions as part of the assessment that tested my knowledge in the area being assessed.	<input type="checkbox"/>	<input type="checkbox"/>
Candidate's name: _____		
Candidate's signature: _____ Date: / / 20		
(if 18 or over)		