



The Royal Life Saving Society WA
 McGillivray Road, Mt Claremont 6010
 PO Box 28 Floreat Forum 6014
 Phone (08) 9383 8200

PLEASE COMPLETE ALL DETAILS
 Return to RLSSA Head Office within 2 days of
 completing course.

AQUATIC RESCUE PLAYLEADERS AWARD SHEET

Course Organiser: _____
 Course Location: _____
 Date of Examination: _____

Participant	Id verified	Participants Details (CAPITAL LETTERS)		Date of Birth	Competent (C) Not Yet-Competent (NYC)	Participants signature
		First Name	Last Name			
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CERTIFICATES WILL BE EMAILED TO PARTICIPANTS

Email address if course organiser/trainer needs copies: _____

Trainer Name:		Theory	Reach	Throw	Wade	Accompanied Rescue	Defensive and Escapes	Tow techniques	Initiative	CPR	Spinals - Extended arm, rollover and vice grip	Recover and Resuscitate an unconscious person	Rescue initiative	C/NYC
Signature:														
I certify that the candidates who have been deemed competent have completed all assessment components as indicated														
First Name	Surname													
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Comments:														

Trainer details	
Trainer name:	
Trainer contact number:	
Trainer email:	
Please indicate if you volunteered your time or were paid for this course:	
Volunteer = participants were only charged award fee	
Paid = participants were charged trainer fees or you were paid by your employer to assess the course	
If volunteered, please provide the amount of training hours:	
Payonline	
https://payonline.royallifesavingwa.com.au/	
Please wait for the invoice to come through to you then access the Payonline system and link the invoice number to the payment	
If invoice is required please provide details below:	
Organisation:	
Purchase order number:	
Email address to send invoice:	
For awarding process please return the award sheet to ctsupport@royallifesavingwa.com.au or post it to RLSSWA PO Box 28 Floreat Forum 6014	