



**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.

## RESUSCITATION 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			
1						
2						
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**CERTIFICATES WILL BE EMAILED TO PARTICIPANTS**

Email address if course organiser/trainer needs copies: \_\_\_\_\_

Trainer Name:		Theory	Primary survey	CPR	C/NYC
Signature:					
I certify that the candidates who have been deemed competent have completed all assessment components as indicated					
First Name	Surname				
1					
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<b>Comments:</b>					

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