



# SLSQ APPLICATION TO TRAIN AS A LIFEGUARD

FORM: F343/4

|   |  |                              |                                 |
|---|--|------------------------------|---------------------------------|
| <b>PERSONAL DETAILS</b>   |  |                              |                                 |
| <b>MR</b>   | <b>FAMILY NAME</b>   | <b>GIVEN NAMES (in full)</b> | <b>GENDER</b>                   |
| <b>MRS</b>  | _____  | _____                        | Male <input type="checkbox"/>   |
| <b>MS</b>   | _____  | _____                        | Female <input type="checkbox"/> |
| <b>MISS</b>   | _____  | _____                        |                                 |
| <b>CURRENT RESIDENTIAL ADDRESS (in full)</b>  |  |                              |                                 |
| No: _____   |  | Street: _____                |                                 |
| Suburb: _____   |  | State: _____                 | Post Code: _____                |
| <b>POSTAL ADDRESS (if different from residential address)</b>   |  |                              |                                 |
| _____   |  |                              |                                 |
| <b>CONTACT DETAILS</b>  |  |                              |                                 |
| Home no: ( ) _____  |  | Work no: ( ) _____           |                                 |
| Mobile no: _____  |  | Email Address: _____         |                                 |
| <b>DATE OF BIRTH</b>  |  |                              |                                 |
| ____ / ____ / ____  |  |                              |                                 |
| <b>MEDICAL HISTORY</b>  |  |                              |                                 |
| Have you sustained or do you carry any illness, injury or limiting disability that may effect your ability to complete any physical components of the training and/or duties required? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                              |                                 |
| Do you suffer from any known medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                              |                                 |
| If yes, please provide details: _____   |  |                              |                                 |
| NOTE: You may be requested to supply a copy of a Medical Examination Certificate.   |  |                              |                                 |
| Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |                              |                                 |
| <b>EMERGENCY/NEXT OF KIN CONTACTS</b>   |  |                              |                                 |
| Name: _____   |  | Relationship: _____          |                                 |
| Address: _____  |  | Phone: _____                 |                                 |
| <b>EMPLOYMENT REGION</b>  |  |                              |                                 |
| <b>Please identify preferred region(s) of employment:</b>   |  |                              |                                 |
| North Queensland (Port Douglas to Mission Beach) <input type="checkbox"/>   | SEQ (Rainbow Beach, Bribie Island, North Stradbroke Island) <input type="checkbox"/> |                              |                                 |
| Townsville (Ingham to Ayr) <input type="checkbox"/>   | Sunshine Coast <input type="checkbox"/>  |                              |                                 |
| Mackay (Eimeo to Sarina Beach) <input type="checkbox"/>   | South Bank Parklands <input type="checkbox"/>  |                              |                                 |
| Airlie Beach <input type="checkbox"/>   | No Preference <input type="checkbox"/>   |                              |                                 |
| Wide Bay Capricorn (Yeppoon to Hervey Bay) <input type="checkbox"/>   |  |                              |                                 |



## SLSQ APPLICATION TO TRAIN AS A LIFEGUARD FORM: F343/4

### DECLARATION

**1. Warning:** Lifeguarding can be inherently dangerous. Serious accidents can & often do happen which may result in me being injured or even killed. I have voluntarily read & understood this warning & accept & assume the inherent risks of lifeguarding.

**2. Release & Indemnity:** In consideration of SLSQ accepting my application I:

(a) Release and forever discharge SLSQ from all claims that I may have or that I may have had but for this release arising from or in connection with my employment & or participation in any SLSQ activity.

(b) Indemnify & hold harmless SLSQ to the extent permitted by law in respect of any claim by any person including but not only another employee of SLSQ arising as a result of or in connection with participation in any SLSQ activity.

**3. Fitness to fulfill my duties :** I declare that I am & must continue to be medically and physically fit and able to fulfill my duties as a lifeguard. I am not & must not be a danger to myself or to the health & safety of others. I will immediately notify SLSQ in writing of any change to my fitness and ability to fulfill my duties. I understand and accept that SLSQ will continue to rely upon this declaration as evidence of my fitness & ability to participate & fulfill my duties.

**4. I have provided the information required overleaf and I hereby declare that the information supplied in this application is to the best of my knowledge and belief, true and correct. I acknowledge that failing to disclose information, withholding information or providing false or misleading information relating to my health, fitness and experience, may result in a determination that I am unsuitable for or to continue my duties with Surf Life Saving Queensland.**

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**Complete all details and return application form to:**

Chief Lifeguard,  
Surf Life Saving Queensland  
Email: lifeguard@lifesaving.com.au