



## LIFEGUARD POSITION ADVERTISED

Position applied for: (please tick)\*

- 12 months     7 months     5 months     School hols     Casual  
 Radio     Trainee

Council/Regional Area:

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

Have you previously been employed by Surf Life Saving Services Pty Ltd or the Australian Lifeguard Service in another state?  Yes  No

\*Note candidates must clearly mark which employment term/s they are applying for.

## PERSONAL DETAILS

Title:  Mr     Mrs     Ms     Miss

Surname:

First name:

Address:

Telephone: (H)

(W)

(M)

(F)

Email Address:

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Emergency contact

Surname:

First name:

Relationship:

Phone (bus/mob):

## Membership

Are you a member of a Surf Life Saving Club?

Status:

Club:

## MEDICAL HISTORY

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?

- Yes     No

Do you suffer from any known medical condition that would affect your performance?

- Yes     No

If yes, please provide details:

NOTE: You may be requested to supply a copy of a Medical Examination Certificate prior to or during your employment as a lifeguard.

Attached:  Yes     No

## BANK DETAILS

All wage payments are by electronic transfer

Bank name:

Branch:

BSB: \_\_\_\_

Account number:

## CLOTHING SIZE (IN METRIC)

T/Shirts:  S     M     L     XL     XXL

Shorts:  S     M     L     XL     XXL

Costume:  85     90     95     100

Spray Jackets:  S     M     L     XL     XXL

Female Costume:  8     10     12     14

Hat:  55     56     57     58     59     60     61     62

**ESSENTIAL QUALIFICATIONS**

**Attach SurfGuard Report or complete the following table and provide copies**

SLSA Bronze Medallion Number: _____ Proficiency No: _____	First Aid Certificate (NSW WorkCover Approved) Organisation: : _____ Number: _____
SLSA Gold Medallion Number: _____ or ability to obtain	Proficiency No: _____
SLSA Silver Medallion (Basic Beach Management) Number: _____	SLSA IRB Licence Number: _____ Proficiency No: _____
SLSA Silver Medallion Life Support Number: _____	Waterways/PWC Licence Number: _____ Motor Vehicle Driver's Licence Number: _____
Advanced Resuscitation Certificate Organisation : _____ Number: _____ Proficiency No: _____	SWIM TIME FOR 800 METRES: _____ RUN TIME FOR 1600 METRES: _____ Other: _____

**PLEASE ATTACH CURRENT AWARDS AND DO NOT SUBMIT ORIGINALS**

**EMPLOYMENT HISTORY**

Please list information about your current and past employment over the last 5 years (including temporary and part time work) starting with the most recent employment. If space provided is insufficient, you may attach further details.

Employer	Period of Employment	Position/s Held

You may also support this application by attaching a personal resume which will expand upon this information. Additional sheets may be added if required.

**Please attach documents. DO NOT SUBMIT ORIGINALS**

**REFERENCES AND REFEREES**

Please provide details of employers/referees who may be contacted in regards to your suitability for employment.

Name of referee	Contact person	Position	Telephone number
1.			
2.			
3.			

## APPLICANTS AUTHORITY

I certify that the information I have submitted is both true and correct and I acknowledge that any statements made by me which are found to be deliberately misleading may result in my dismissal if employed by Surf Life Saving Services Pty Ltd.

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

Applicants Signature: \_\_\_\_\_

All applications will be acknowledged in writing or by telephone.

**PLEASE NOTE OVERSEAS APPLICANTS WILL BE REQUIRED TO PRODUCE THEIR PASSPORTS AND WORK PERMITS PRIOR TO COMMENCEMENT OF DUTY.**

## ADDRESS APPLICATIONS TO:

In anticipation of all local councils accepting our Contract Life Saving Submissions, applications are invited for the above positions from suitably qualified persons.

Applicants are advised to contact the appropriate Regional Lifeguard Coordinator on the relevant application form or email address.

### **NORTH COAST** contact:

North Coast Lifeguard  
Coordinator  
PO Box 1700  
Ballina 2478

(M) 0406 353 266

northcoast@australianlifeguards.com.au

Applications close: Monday 25 August 2008

### **MID NORTH TO HUNTER** contact:

Lower North Coast Lifeguard  
Coordinator  
PO Box 17  
Taree NSW 2430

(M) 0409 663 005

lowernorthcoast@australianlifeguards.com.au

Applications close: Monday 1 September 2008

### **SYDNEY** contact:

Sydney Lifeguard Coordinator  
PO Box 430  
Narrabeen NSW 2101

(M) 0414 663 005

sydney@australianlifeguards.com.au

Applications close: Monday 25 August 2008

### **SOUTH COAST** contact:

South Coast Lifeguard  
Coordinator  
PO Box 402  
Moruya NSW 2537

(M) 0409 461 889

southcoast@australianlifeguards.com.au

Applications close: Monday 17 November 2008

### **NSW** contact:

State Lifeguard Coordinator  
PO Box 430  
Narrabeen NSW 2101

(M) 0428 285 715

experts@australianlifeguards.com.au

**OFFICE USE ONLY BELOW THIS LINE – DO NOT COMPLETE!**

**REGIONAL LIFEGUARD COORDINATORS**

Qualification Check Completed:  Yes  No

Reference Check Completed:  Yes  No

Form Completed Correctly:  Yes  No

Superannuation Form Attached  Yes  No

Tax Form Attached  Yes  No

Working With Children Consent:  Yes  No

Recommended Level (SV):

*International Lifeguards Only –*  
Copy of Holiday Working Visa  Yes  No

Australian Contact Details  Yes  No

Council Area :

Supervisors Name:

Start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signed: \_\_\_\_\_  
Lifeguard Supervisor/Coordinator

**STATE LIFEGUARD OFFICER**

Approved  Yes  No (If no complete changes section)

Hourly rate of pay \$

Changes

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Details entered onto SurfGuard  Yes  No

Signed: \_\_\_\_\_  
State Lifeguard Officer

**FINANCE MANAGER**

Tax Form Correct  Yes  No Superannuation Form Correct  Yes  No  
(If not send back to Regional Lifeguard Coordinator)

Details entered onto MYOB  Yes  No

ATTACHMENT 5

## 6.5 WORKING WITH CHILDREN BACKGROUND CHECK CONSENT



All fields must be completed. Please use block letters.

Family name: \_\_\_\_\_

Given name(s): \_\_\_\_\_

Previous names/aliases: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: (Please tick)  Male  Female

Place of birth (city, state, country): \_\_\_\_\_

Identifying document type (e.g. driver's licence/passport): \_\_\_\_\_

Identifying document number: \_\_\_\_\_

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

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Title of position applied for: \_\_\_\_\_

Type of position (Please tick):

Paid employee  Religious leader/spiritual official of a religion  Foster carer

**I certify that the above information is accurate and understand that if I have provided false or misleading information it may result in a decision not to employ me, or, if already employed, may lead to my dismissal.**

**I am aware that if considered for child-related employment, several checks will be undertaken to ascertain my suitability, including:**

**1. a national criminal record check for charges and/or convictions (including spent convictions) for:**

- any sexual offence (including but not limited to, sexual assault, acts of indecency, child pornography, child prostitution and carnal knowledge);
- any child-related personal violence offence;
- any assault, ill treatment or neglect of, or psychological harm to a child and any registrable offence;

**punishable by imprisonment for 12 months or more.**

**I understand that this check includes convictions or charges that:**

- may have not been heard or finalised by a court; or
- are proven but have not led to a conviction; or
- have been dismissed, withdrawn or discharged by a court.

ATTACHMENT 5 (CONTINUED)

2. a check for relevant Apprehended Violence Orders taken out by a police officer or other public official for the protection of a child/ren; and
3. a check for relevant employment proceedings involving an act of violence committed in the course of employment and in the presence of children or reportable conduct. Reportable conduct means any sexual offence, or sexual misconduct committed against, with or in the presence of a child (including a child pornography offence), any child-related personal violence offence, or any assault, ill treatment or neglect of a child, or any behaviour that causes psychological harm to a child.



I understand that a conviction for a serious sex offence (including but not limited to, sexual assault, acts of indecency, child pornography, child prostitution and carnal knowledge) or child-related personal violence offence (including but not limited to, intentionally wounding or causing grievous bodily harm to a child) will automatically prohibit me from child-related employment. This includes a charge that is proven in court but does not proceed to a conviction. I am aware that if I am a Registrable person under the Child Protection (Registrable Offenders) Act 2000, I am prohibited from child-related employment.

I consent to these checks being conducted and am aware that if any relevant record is identified, additional information relating to that record may be sought by an Approved Screening Agency from sources such as courts, police, prosecutors and past employers to enable a full and informed estimate of risk.

I acknowledge that:

- the above information and any information obtained during the Working With Children background check may be collected and used by and/or disclosed to the Commission for Children and Young People or any Approved Screening Agency for the purposes of the Working With Children Check;
- the Commission for Children and Young People or any Approved Screening Agency may share the information obtained during the Working With Children background check with each other to support further estimates of risk arising from additional Working With Children background checks;
- the outcome of an estimate of risk conducted with information obtained through the Working with Children Check by the Approved Screening Agency may be provided to my current or prospective employers or an employer-related body (where applicable) only for background checking purposes;
- details of my relevant records will not be released to my current or prospective employers;
- any information obtained as part of this process may be used by Australian Police Services for law enforcement purposes, including the investigation of any outstanding criminal offences; and
- the information provided may be referred to the Commission for Children and Young People and/or to NSW Police for law enforcement purposes and for monitoring and auditing compliance with the procedures and standards for the Working With Children Check in accordance with Section 36 (1)(f) of the Commission for Children and Young People Act 1998.

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

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

**NOTE:** This form is to be kept by the employer.

# What is 100 points of identification?

## Proof of identity information

Before a Working With Children Background Check can be conducted on a preferred applicant, the applicant must provide documentation to support their identity as required by the 100 Point Check under the Financial Transaction Reports Act 1988.

All preferred applicants for a position that is deemed to be child-related must provide certified identification from Category A and Category B to equal 100 points to enable a background check to be conducted:

<b>Category A (70 points) – An item from this list is essential</b>
<p>One document from this list:</p> <ul style="list-style-type: none"><li>• Birth Certificate</li><li>• Birth Card issued by the NSW Registry of Births, Deaths and Marriages</li><li>• Citizenship Certificate</li><li>• Current Australian passport</li><li>• Expired Australian passport which has not been cancelled and was current within the preceding 2 years</li><li>• Current passport from another country or diplomatic documents.</li></ul> <p>For a preferred applicant under 18 years, one document from the above list, or the following, is sufficient:</p> <ul style="list-style-type: none"><li>• Identity of the applicant verified by an educational institution, either on a student card or a letter signed by the principal, deputy principal, head teacher, deputy head teacher or enrolment officer, confirming that the applicant currently attends the institution.</li></ul>
<b>Category B</b>
<p><b>40 points</b></p> <p>Name and photograph/signature of preferred applicant verified from one of the following (more than one document can be counted):</p> <ul style="list-style-type: none"><li>• Current driver photo licence issued by an Australian state or territory</li><li>• Identification card issued to a public employee</li><li>• Identification card issued by the Australian or any state government as evidence of a person's entitlement to a financial benefit</li><li>• Identification card issued to a student at a tertiary education institution.</li></ul>
<p><b>35 points</b></p> <p>Name and address of preferred applicant verified from any of the following (more than one document can be counted):</p> <ul style="list-style-type: none"><li>• Document held by a cash dealer giving security over property</li><li>• A mortgage or other instrument of security held by a financial body</li></ul>

- Council rates notice
- Document from current employer or previous employer within the last two years
- Land Titles Office record
- Document from the Credit Reference Association of Australia.

**25 points**

Name of preferred applicant verified from any of the following (more than one document can be counted):

- Current credit card or account card from a bank, building society or credit union
- Current telephone, water, gas or electricity bill
- Foreign driver's licence
- Medicare Card
- Electoral roll compiled by the Australian Electoral Commission
- Lease/rent agreement

**What is a certified copy?**

***A photocopy of the original witnessed by a qualified witness.***

The original and photocopy must be presented to the witness who notarises the photocopy with "**I certify that this is a true copy of the original which I have sighted**".

We must receive the photocopy with the original signature of the witness.

**Qualified Witnesses**

- Justice of the Peace
- Barrister/Solicitor
- Commissioner for Affidavits
- Notary Public
- Officers at the NSW Registry of Births Deaths & Marriages

Alternatively, the employing officer of the Department may sight the original document, take a copy and sign the copy certifying that it is a true copy.

Alternatively, the employer may sight the original document, take a copy and sign the copy certifying that it is a true copy. Identification is kept on file with the Working With Children Consent Form and Prohibited Employment Declaration. Employers must certify on the Working With Children Background Check Request Form that they have sighted and retained a copy of the identification for their records.

<http://www.dsr.nsw.gov.au/children/wwcc.asp>