

Application Process (Group)

To complete the application process, please follow the instructions below:

- 1. Save the downloadable application form to your computer.
- 2. Complete the application form and ensure the word limit for each section is adhered to. The form can be partially completed, saved, reopened and edited as often as required until you are ready to submit.
- 3. Submit your application by e-mailing <u>vetgrants@surflifesaving.com.au</u> and attaching a quote obtained from the training provider.
- 4. You will receive an automated response acknowledging receipt of your submission. Please only contact Surf Life Saving NSW to check that we have received your submission if you do not receive an automated response (remember to check your junk email folder).
- 5. Application outcomes will be advised by email to the contact details you provide on the application form. Applications are usually processed within 21 working days of being received (if all information is complete and correct), please refrain from enquiring about your application progress during the processing period.

Please do not post a hard copy of your application. Additional information beyond what is requested in the steps above is not required. Should further information be required we will contact you.

Eligibility

All candidates must meet the following eligibility criteria

- Be at least 18 years of age on the date of application
- Have been an active SLS member for at least two years
- Be endorsed by the respective Club and Branch
- Agree to complete the training prior to or by the end of 2019

Organiser Details

First Name	Last Name		
○ Male ○ Female Club/Bran	nch	/	
Address			
Suburb		State F	Postcode
Phone (Mobile)	Email		
Training Provider Orga	nisation Details		
Registered business (trading) name_			
RTO Code (4-5 digits)			
Please be aware that a verification chec	ck will be conducted to confirm RTO	scope of registration a	nd status
Course Details			
Select the qualification/skillset that the	ne candidates have chosen to com	ıplete	
Description/Course Details			
Pricing information – total quoted am	nount and any other relevant inforr	mation regarding prici	ing.
Please be aware that a verification chec	ck will be conducted to confirm RTO	scope of registration a	nd status
Delivery method(s)			
Proposed commencem	ent and completion	dates	
Commencement date	Compl	letion date	

#	Family Name	Given Name	Club	Email Address
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Declaration and Consent

I declare that:
The information supplied to Surf Life Saving NSW is, to the best of my knowledge, accurate and complete. Yes No
The Branch supports this application, the proposed course outlined, and is aware of, and agrees to, the terms and conditions that will apply (outlined in the Assessor/Facilitator Training Support Strategy 2019 Information Pack). Yes No
Surf Life Saving NSW will be notified of any change to details provided and will be advised of any circumstances that ma affect the accuracy of the application submitted. Yes No
I agree to allocate sufficient time/resources to complete all course and assessment requirements within the specified timeframe. O Yes O No
l agree to provide SLSNSW my Statement(s) of Attainment upon successful completion. Yes No
I understood that the submission of this application does not guarantee funding. O Yes O No
I consent to Surf Life Saving NSW contacting any relevant persons listed in this application about the application and to providing copies of the application to such third parties as may be necessary from time to time. Yes No
Name
Date