



# MEDIA ACCREDITATION FORM

Approved  
Y/N

**NEW SOUTH  
WALES**

*Return completed to  
Surf Life Saving NSW  
Email: [media@surflifesaving.com.au](mailto:media@surflifesaving.com.au) Phone: 0405 203 764*

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

Representing Media Organisation: \_\_\_\_\_ Position: \_\_\_\_\_

Editor/Administrator: \_\_\_\_\_ Website: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Please name which Event(s) accreditation is being applied for:

**A Working With Children Check may be required for some of our events. If you have a WWCC please provide the below details (if possible):**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Working With Children Check Number: \_\_\_\_\_

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

*For news and results during each event,  
visit [www.surflifesaving.com.au](http://www.surflifesaving.com.au)*