



SURF LIFESAVING
LOWER NORTH COAST BRANCH Inc.

TRAINING COURSE/ WORKSHOP NOMINATION FORM

COURSE/ WORKSHOP		
DATE/S		
LOCATION		
NAME		
ADDRESS		
TELEPHONE	(H)	(W)
	Email	
YOUR CLUB		
LIST YOUR CURRENT QUALIFICATIONS		
PREREQUISITES, if any.		
SIGNATURE OF APPLICANT	Signature..... Date.....	
NOMINATION APPROVAL	Approval is required by your Club Chief Instructor / Education Officer Name (Please Print) Signature Date	
COURSE NOMINATION CLOSING DATE		

PLEASE NOTE: A PENALTY OF \$25 WILL BE APPLIED IF CANDIDATE DOES NOT ATTEND NOMINATED COURSE, WITHOUT PRIOR NOTIFICATION OF NON-ATTENDANCE.