



Royal Life Saving Society SA EMPLOYMENT & CONFIDENTIAL HEALTH FORM

IMPORTANT INFORMATION:

Please take time to **complete all details and attach any required documents**. Please note that your full name, date of birth and email is required.

Return of Applications:

This Employment and Confidential Health Information form and the Certified National Police Certificate are necessary in order to assess the eligibility of applicants for employment with Royal Life Saving Society SA. The information supplied is for the use of Royal Life Saving Society SA Branch only.

All information is **confidential**.

Checklist of Documentation to Return:

- Employment and Confidential Health Information form – signed
- Certified Copy of National Police Certificate (must be less than 3 years old and valid for duration of employment)
- Copies of qualifications and applicable updates (as indicated under Employment Qualifications)

Send Application Form and ALL Documents to:

Lifeguarding Australia, PO Box 2075, Hilton SA 5033 or via email
lifeguards@royallifesavingsa.com.au

Enquires:

Phone: 08 8210 4500
Fax: 08 8352 6162
Email: lifeguards@royallifesavingsa.com.au

Lifeguards - must have a current:

- Pool Lifeguard Qualification
- Applied First Aid Certificate
- Resuscitation Certificate – updated annually
- Certified Copy of National Police Certificate **or** DCSI Clearance for all applicants (non-certified copies will not be accepted)
- Pool Operators Certificate (highly regarded)

PERSONAL DETAILS:

First Name	Surname
Date of Birth	Male / Female (please circle)
Address	Postcode
Phone	Mobile
Email	

Referee Names:

1. _____ Ph: _____

2. _____ Ph: _____

Work Experience:

I declare that the information is true and accurate.

Signature	Date/...../.....
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CONFIDENTIAL

HEALTH INFORMATION

Surname: Given Names:
 Male Female Date of Birth:
 Nationality:..... Country of Birth:.....

Emergency Contact (Parent/Guardian/Relative)

Name:..... Relationship:.....
 Address: Suburb: Post Code:
 Daytime Contact Number: Mobile:

Medical Conditions

Please indicate Yes or No for each condition. Include all relevant details regarding treatment and medications.

Medical Condition	No	Yes	Details
Heart Problems			
Respiratory Problems (e.g. asthma)			
Allergies (e.g. bees)			
Blood Pressure			
Phobias (fears)			
Periodic loss of consciousness			
Epilepsy			
Drug Reactions (e.g. penicillin)			
Operations (within 2 years)			
Recent Illness			

Other Information:

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Signed:..... **Date:**.....

Note: Any health information given will not prevent you from taking part in the activities unless further medical advice warrants exclusion. The information requested on the health information sheet will be considered confidential by Royal Life Saving and will be treated accordingly. The information is sought in order to protect and assist you so that the activity may be a safe and enjoyable experience.