



REQUEST FORM

LIFE SAVING SERVICE (FOR EVENT, ETC)

Life Saving Support Services Inc

ABN 34 100 281 336
PO Box 1648, Caloundra Qld 4551

Group Details	
Organisation Name: <input style="width: 100%; height: 20px;" type="text"/>	
ABN: <input style="width: 90%; height: 20px;" type="text"/> Organisation Type: <input type="radio"/> Club <input type="radio"/> Community Organisation <input type="radio"/> School <input type="radio"/> Commercial Business <input type="radio"/> Council <input type="radio"/> Government <input type="radio"/> Group <input type="radio"/> Other _____	Address: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 80%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 5%; height: 20px;" type="text"/>
Name of Contact Person: <input style="width: 100%; height: 20px;" type="text"/> Email Address: <input style="width: 100%; height: 20px;" type="text"/>	Telephone Business Hours <input style="width: 80%; height: 20px;" type="text"/> After Hours <input style="width: 80%; height: 20px;" type="text"/> Mobile <input style="width: 80%; height: 20px;" type="text"/>
Type of Service Requested	
Please indicate the type of service: <input type="radio"/> Volunteer Life Saver / Life Saving Service <input type="radio"/> Professional Lifeguard (paid) <input type="radio"/> First Aid Officer <input type="radio"/> Other <input style="width: 150px; height: 20px;" type="text"/>	Location (Full address): <input style="width: 100%; height: 20px;" type="text"/> Type of location: <input type="radio"/> Private Swimming Pool <input type="radio"/> Aquatic Facility <input type="radio"/> Public Swimming Pool <input type="radio"/> River / Creek / Dam <input type="radio"/> Public Beach / Water Way <input type="radio"/> Other <input style="width: 150px; height: 20px;" type="text"/>
No expected to attend: <input style="width: 80px; height: 20px;" type="text"/> No of personal requested: <input style="width: 80px; height: 20px;" type="text"/>	Date: <input style="width: 80px; height: 20px;" type="text"/> Hours (from / to): <input style="width: 150px; height: 20px;" type="text"/>
Activities: Please detail in full all activities that are intended to occur.	<input style="width: 100%; height: 50px;" type="text"/>
Instructions	
Please complete this form and forward it to us. We will contact you to further discuss your needs. Some of the things we will need to discuss include: <ul style="list-style-type: none"> - Risk identification, reduction and management - Insurance (requirements) & Liability - What service we are able to (and not able to) provide - Type of appointment and (if applicable) payment alternatives, which include: <ul style="list-style-type: none"> a) No payment (Volunteer), b) Commercial Payment (fee for service), or c) Re-reimbursement of Costs (Volunteer). - Any other matters relevant to the request 	
Please note that this form is not an agreement to provide a service.	
INSTRUCTIONS	
Please send this form to our Operation Support Manager in your region (the contact details are available on our website) or by email to:	
operations@lifesavingsupport.com.au	
Privacy Warning: The Service respects your privacy. Information collected on this form will be used for the purpose of considering a request for a life saving service. This information may be disclosed to relevant personnel and managers of the Service, the Royal Life Saving Society, our suppliers, contractors, affiliates and/or training partners. Please contact us if you do not agree with our privacy policy as we may not be able to consider your request or provide our services to you. You will be able to access this information by contacting our Privacy Officer or Director of Administration.	