



REQUEST FOR SPEAKER

SPEAKER OR PRESENTATION AT FUNCTION

Life Saving Support Services Inc

ABN 34 100 281 336
PO Box 1648, Caloundra Qld 4551
29 The Esplanade, Bulcock Beach, Caloundra Qld 4551
Affiliated with Royal Life Saving Society Qld Inc

| Instructions | |
|---|-------------------------------|
| Please complete the form below and send it to us. We will contact you as soon as we are able and discuss your requirements. | Service use only _____ |

| 1. Organisation Details | |
|---|--|
| Organisation Name | ABN |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Organisation Address | Contact: <input style="width: 95%;" type="text"/> |
| <input style="width: 95%;" type="text"/> | Email : <input style="width: 95%;" type="text"/> |
| <input style="width: 95%;" type="text"/> | Phone number <input style="width: 95%;" type="text"/> |
| Is the organisation a Business ? | Mobile Phone number <input style="width: 95%;" type="text"/> |
| <input type="radio"/> Yes <input type="radio"/> No, we are a Community | |

| 2. Course Type | | | |
|-----------------------|--|-------------------------|--|
| Date of Presentation: | <input style="width: 95%;" type="text"/> | Length of Presentation: | <input style="width: 95%;" type="text"/> |
| How many attendees: | <input style="width: 95%;" type="text"/> | Course Location: | <input style="width: 95%;" type="text"/> |

| 3. Other Comments / Remarks | |
|--|---|
| What is the main topic: | Presentation Topic's include: |
| <input style="width: 95%;" type="text"/> | <ul style="list-style-type: none"> Water Safety Beach Safety Inland Waterway Safety Rips and Currents Beach Signs Drowning Research Drowning Demographics Rescue Equipment Pool & Pool Fence Safety History of Life Saving Club Administration & Development Grey Medallion |
| Secondary Topic's: | Plus many more topics. |
| <input style="width: 95%;" type="text"/> | |
| What do you <u>not</u> want discussed: | |
| <input style="width: 95%;" type="text"/> | |
| Format of presentation: | |
| <input type="radio"/> Lecture <input type="radio"/> Question & Answer (Q&A) <input type="radio"/> Mixture of Lecture & Q&A <input type="radio"/> Other Format | |

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| Other Requirements and |
| <input style="width: 95%; height: 100%;" type="text"/> |

| 4. Confirmation | | |
|---|-------------------|--|
| We request you to provide a presenter as outlined above. We will not hold the Royal Life Saving Society, the Service or any of its members or officers, liable for any loss or damage to me, through its negligence or not, whilst carrying out any activities associated with the Service. | | |
| Signature of Organiser | Name of Organiser | Date: <input style="width: 95%;" type="text"/> |

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| Privacy Warning: |
| The Service respects your privacy. Information collected on this form will be used for the purpose of processing and administration your request. 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 process 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. |