SURF LIFESAVING QUEENSLAND
PROFICIENCY MASTER ATTENDANCE RECORD
2010/11 SEASON

Club: _____ **Assessors Name & Signature:** _____ **Date:** _____

				Awards to be Assessed																						
No	**Name**	**Signature**	**Date of Birth**	**SRC**	**BM**	**ARC**	**ROC**	**IRBC**	**IRBD**	**DEFIB**	**RESUS**	**Pool Swim**	**Signals**	**Run Swim Run**	**Board Rescue**	**Tube Rescue**	**Carries**	**Beach Assessment**	**Radio**	**First Aid**	**Resuscitation**	**ARC Prof**	**DEFIB Prof**	**IRB Crew**	**IRB Driver**	**Chief Assessor Initial**
1																										
2																										
3																										
4																										
5																										
6																										
7																										
8																										
9																										
10																										
11																										
12																										
13																										
14																										

Club: _____ **Assessors Name & Signature:** _____ **Date:** _____

No	Name	Signature	Date of Birth	Awards to be Assessed																						
				SRC	BM	ARC	ROC	IRBC	IRBD	DEFIB	RESUS	Pool Swim	Signals	Run Swim Run	Board Rescue	Tube Rescue	Carries	Beach Assessment	Radio	First Aid	Resuscitation	ARC Prof	DEFIB Prof	IRB Crew	IRB Driver	Chief Assessor Initial
15																										
16																										
17																										
18																										
19																										
20																										
21																										
22																										
23																										
24																										
25																										
26																										
27																										
28																										
29																										
30																										

Club: _____ **Assessors Name & Signature:** _____ **Date:** _____

No	Name	Signature	Date of Birth	Awards to be Assessed																						
				SRC	BM	ARC	ROC	IRBC	IRBD	DEFIB	RESUS	Pool Swim	Signals	Run Swim Run	Board Rescue	Tube Rescue	Carries	Beach Assessment	Radio	First Aid	Resuscitation	ARC Prof	DEFIB Prof	IRB Crew	IRB Driver	Chief Assessor Initial
31																										
32																										
33																										
34																										
35																										
36																										
37																										
38																										
39																										
40																										
41																										
42																										
43																										
44																										
45																										
46																										

Club: _____ **Assessors Name & Signature:** _____ **Date:** _____

No	Name	Signature	Date of Birth	Awards to be Assessed																						
				SRC	BM	ARC	ROC	IRBC	IRBD	DEFIB	RESUS	Pool Swim	Signals	Run Swim Run	Board Rescue	Tube Rescue	Carries	Beach Assessment	Radio	First Aid	Resuscitation	ARC Prof	DEFIB Prof	IRB Crew	IRB Driver	Chief Assessor Initial
47																										
48																										
49																										
50																										
51																										
52																										
53																										
54																										
55																										
56																										
57																										
58																										
59																										
60																										
61																										
62																										

Club: _____ **Assessors Name & Signature:** _____ **Date:** _____

No	Name	Signature	Date of Birth	Awards to be Assessed																						
				SRC	BM	ARC	ROC	IRBC	IRBD	DEFIB	RESUS	Pool Swim	Signals	Run Swim Run	Board Rescue	Tube Rescue	Carries	Beach Assessment	Radio	First Aid	Resuscitation	ARC Prof	DEFIB Prof	IRB Crew	IRB Driver	Chief Assessor Initial
63																										
64																										
65																										
66																										
67																										
68																										
69																										
70																										
71																										
72																										
73																										
74																										
75																										
76																										
77																										
78																										

Club: _____ **Assessors Name & Signature:** _____ **Date:** _____

No	Name	Signature	Date of Birth	Awards to be Assessed																						
				SRC	BM	ARC	ROC	IRBC	IRBD	DEFIB	RESUS	Pool Swim	Signals	Run Swim Run	Board Rescue	Tube Rescue	Carries	Beach Assessment	Radio	First Aid	Resuscitation	ARC Prof	DEFIB Prof	IRB Crew	IRB Driver	Chief Assessor Initial
79																										
80																										
81																										
82																										
83																										
84																										
85																										
86																										
87																										
88																										
89																										
90																										
91																										
92																										
93																										
94																										

Club: _____ **Assessors Name & Signature:** _____ **Date:** _____

				Awards to be Assessed																					
No	**Name**	**Signature**	**Date of Birth**	**SRC**	**BM**	**ARC**	**ROC**	**IRBC**	**IRBD**	**DEFIB**	**RESUS**	**Pool Swim**	**Signals**	**Run Swim Run**	**Board Rescue**	**Tube Rescue**	**Carries**	**Beach Assessment**	**Radio**	**First Aid**	**Resuscitation**	**ARC Prof**	**DEFIB Prof**	**IRB Crew**	**IRB Driver**	**Chief Assessor Initial**
95																									
96																									
97																									
98																									
99																									
100																									