

# WINTER FIRST AID

## TRAINING 2009

Sunday 9 <sup>th</sup> August 2009	9am – 1pm	Chelsea Longbeach	Basic Emergency Care #1
Saturday 15 <sup>th</sup> August 2009	9am – 1pm	Chelsea Longbeach	Advanced Resuscitation & Defibrillation #1
Saturday 22 <sup>nd</sup> August 2009	9am – 1pm	Chelsea Longbeach	Basic Emergency Care, Advanced Resuscitation & Defibrillation #2
Saturday 29 <sup>th</sup> August 2009	9am – 4pm	Aspendale	Senior First Aid #1
Sunday 30 <sup>th</sup> August 2009	9am – 4pm	Aspendale	Senior First Aid #2

Over Winter 2009, there will be a number of opportunities for CLSLSC members to be involved in first aid training throughout the Kingston District. The details for each course available are listed below. To participate in any of these courses, you must be a current financial member of the CLSLSC. Furthermore, for each course participant, an application form must be submitted & approved. The courses on offer will include:

### Basic Emergency Care Certificate

*Nationally Recognised Units:*

- ✓ PUAEME001A Provide Emergency Care
- ✓ HLTFA201A Provide Basic Emergency Life Support

*Prerequisites:*

- ✓ 15 Years of Age
- ✓ Financial Member of CLSLSC

*Overview:*

The Life Saving Victoria Basic Emergency Care Certificate provides participants with a basic overview of first aid, and to caring for a casualty in an emergency situation.

### Advanced Resuscitation Certificate & Defibrillation Certificate

*Nationally Recognised Units:*

- ✓ PUAEME003C Administer Oxygen in an Emergency Situation
- ✓ PUAOPE010B Operate a Semi Automatic Defibrillator in an Emergency

*Prerequisites:*

- ✓ 15 Years of Age
- ✓ Holds Basic Emergency Care (PUAEME001A)
- ✓ Financial Member of CLSLSC

*Overview:*

The Life Saving Victoria's Advanced Resuscitation and Defibrillation Certificates provides participants with an introduction to the use of oxygen resuscitation equipment and defibrillation equipment, and using this equipment to care for a casualty in an emergency situation, and preserve life. It follows on from the LSV Basic Emergency Care Certificate. To participate in this session, you must have completed the previous session on Basic Emergency Care.

## Senior First Aid Certificate

*Nationally Recognised Units:*

- ✓ HLT CPR201A Perform Cardio Pulmonary Resuscitation
- ✓ HLTFA201A Provide Basic Emergency Life Support
- ✓ HLTFA301B Apply First Aid
- ✓ PUAEME002A Manage Injuries at an Emergency Incident

*Prerequisites:*

- ✓ 15 Years of Age
- ✓ Holds Basic Emergency Care (PUAEME001A)
- ✓ Financial Member of CLSLSC

*Overview:*

The Life Saving Victoria's Senior First Aid Certificate provides participants with an in depth knowledge of caring for a casualty in an emergency situation, and preserving life. It is the equivalent of a Level II or Senior First Aid Course, and is widely seen as a standard for First Aid education. It follows on from the LSV Basic Emergency Care Certificate. To participate in this session, you must have completed the previous session on Basic Emergency Care.

The Chelsea Longbeach  
Surf Life Saving Club

*Winter First Aid  
Training 2009*

Saving Lives,  
Preventing Injuries,  
Enjoying the Water



Application Form

# TRAINING 2009

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: (H) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (M) \_\_\_\_\_

Email: \_\_\_\_\_ I wish to receive Course Updates by: (circle one/both) Phone or Email

I wish to take part in the following Course/s: (please tick)

- Basic Emergency Care (9/8/09 & 22/8/09) at Chelsea Longbeach SLSC
- Advanced Resuscitation & Defibrillation (15/8/09 & 22/8/09) at Chelsea Longbeach SLSC
- Senior First Aid (29/8/09 & 30/8/09) at Aspendale LSC (on behalf of CLSLSC)

I am interested in becoming a volunteer patrolling lifesaver: (please circle one) Yes or No or Later

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Number: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Do you hold any of the following SLSA or LSV or Nationally Accredited Qualifications: (please tick)

- Senior First Aid Certificate If yes, Provider: \_\_\_\_\_ Year: \_\_\_\_\_
- Advanced Resuscitation Certificate
- Defibrillation Certificate If yes, Provider: \_\_\_\_\_ Year: \_\_\_\_\_
- Basic Emergency Care Certificate
- PUAEME001A Provide Emergency Care If yes, Provider: \_\_\_\_\_ Year: \_\_\_\_\_
- Other First Aid Qualifications (and year if known): (please list below)

\_\_\_\_\_

Have you ever undertaken a course in CPR? Yes or No If yes, Provider: \_\_\_\_\_ Year: \_\_\_\_\_

By signing below, you acknowledge that you have read and understood the SLSA, LSV and CLSLSC membership application and declaration and reaffirm agreement with it. By signing below you warrant the above information is true and correct. Furthermore, you agree to abide by the SLSA, LSV and CLSLSC Codes of Conduct, Member Protection Policy, Grievance Procedure and LSV VET Policy (copies of which will be available to me upon request).

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Participant is under the age of 18, I \_\_\_\_\_ (insert name of parent or guardian) am the parent/guardian of the applicant. I authorise and consent to the applicant undertaking the training and further Lifesaving activities as indicated on the dates above. I expressly agree to be responsible for the applicants behaviour and personally accept the terms of his/her SLSA, LSV & CLSLSC membership.

Parents Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:

Mem/Fin	BEC	A	F14	ARC	A	F14	Dfb	A	F14	SFA	A	F14	BHOK?
Approved:					Date:			Completed:					