



Return to Surf Duties Form

Claim Number (if applicable) _____	Date _____
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Privacy

These personal details are being collected by Surf Life Saving Australia for the purpose of assessing whether a member is fit to return to surf lifesaving duties following injury. The personal information will be disclosed to the members' general practitioner and/or the clubs safety officer for the purpose of determining whether the member should return to duties. You have the right to access the information held about you by Surf Life Saving Australia.

Club Members Details

First Name _____	Last Name _____		
Date of birth _____	Male / Female (please circle)		
Club Details _____	_____	_____	
	Club Name	Branch	State
Members Occupation or Job Title _____			
Has the Surf Club Member returned to their pre-injury paid occupation? (Please circle)	Yes	No	
If Yes, have you attached a Work Cover authority to return to Work Form?	Yes	No	

Surf Lifesaving Details

Please tick the duties below that the injured member is involved in:

- Administrative / Surf Club Management Committee
- Fundraising / Social / Carnival volunteer
- Surf Club building maintenance and extensions
- Surf Patrol Duties (including Water Safety for Carnivals and Junior Activities)
- Surf Sports Competitor
- Surf Sports Official
- Instructional (including Junior Activities Age Manager, Cadets Instructor, Chief Instructor)
- Surf Sports Coach
- Other



Surf lifesaving duties summary (to be completed by a general practitioner)

Please identify the date on which each of these tasks was completed

Date of Satisfactory Completion	General Physical Restrictions <i>(For other restrictions refer to WorkCover Return to Work Form and Medical Certificates)</i>
	Manual Handling < 5kg / < 10kg / < 15kg / <20kg (Write the appropriate weight in space provided)
	Reassess Proficiency Test: Run 200m / Swim 400m / Run 200m
Surf Patrolling Members including Water Safety	
	Length of Surf Patrol (average patrol length is 4 hours), (Write time in space provided) Please take into account the lifesaver's paid work commitments.
	Surveillance duty (walking/sitting on beach or tower or equivalent)
	Use of Radio
	Light First Aid duties (for example bluebottles, stings, dressings, ice packs)
	Drive quad bike (Could be fully laden with trailer and equipment)
	Emergency Care / First Aid / Resuscitation
	Rescue Board / Tube rescues - paddle rescue board or swim with tube for 400m out surf break, pick up patient and return to shore
	Inflatable Rescue Boat (IRB) Driver – drive and steer an inflatable boat (weight 200kg+) using out board motor in/out surf break ~400m, assist crewperson with lifting persons (up to 110kg+) into craft
	IRB Crewperson – crew inflatable boat whilst crouching in bow of craft going in/out surf break, adjust weight back and forth and keep balance while negotiating waves, lift/assist persons into craft (up to 110kg+) from surf by kneeling/wedging knees into pontoon, and bending over pontoon
	IRB Maintenance – deflate and dismantle craft by removing floor boards, etc and hose down, re-inflate and make the craft ready for use
	Other
Surf Sports / Carnivals / Competition	
	Beach Sprint – run 50m on soft sand
	Beach Flags – jump up, turn and run 20m on soft sand and dive for baton
	March Past – march in squad/ carry reel while marching in squad
	Competitor in Resuscitation / First Aid
	Surf Swim 400m in/out surf break, catch a wave/s on way in to shore
	Rescue Board - Paddle 400m in/out surf break, catch a wave/s on way in to shore
	Wave / Surf Ski Paddler – paddle wave/surf ski (weight ~18kg) for 350m
	Surf Boat Rower – carry, jump into surfboat at shore and row surfboat (weight ~250kg) with three other crew for 400m in/out surf break and varying surf, wind and weather conditions
	Surf Boat Sweep – steer surfboat using large wooden oar (weight 20kg+) for 400m in/out surf break
	IRB Driver - See above
	IRB Crewperson – See above
	IRB Patient – swim 400m out to sea and tread water for approx 10 minutes wearing wetsuit, be pulled into IRB by crew and travel back to shore in IRB
	Other



Letter to Treating Medical Practitioner: Return to Surf Duties

Dear Doctor _____

RE: Return to Surf Duties

Members Name	_____
Members Club	_____
Club Position(s) <i>(if applicable)</i>	_____
Members Paid Employer	_____
Members Paid Occupation	_____

Surf Life Saving Australia Policy is to encourage early and safe return to surf duties as soon as practicable following injury or illness. This is ideally performed in conjunction with any paid employment that the Surf Club member is also performing.

We would appreciate your advice as to the surf duties that _____ is fit to return to at this stage of their rehabilitation. Please complete the attached **Return to Surf Duties Form**. Additional information or details about the surf duties will be provided if required.

Thank you for your assistance and professional advice for _____.

Yours sincerely,

(Name)

Club Safety Officer

SLSC



Letter to Employer: Injured Volunteer Surf Lifesaver and Return to Duties

Dear Mr/Ms _____

RE: Injury during volunteer surf lifesaving

Members Name	_____
Members Club	_____
Club Position(s) <i>(if applicable)</i>	_____
Members Paid Employer	_____
Members Paid Occupation	_____

We regret to inform you that _____ has been injured whilst performing official surf lifesaving duty. This may result or may have resulted in lost time from paid employment.

SLSA Policy is to encourage early and safe return to surf duties as soon as practicable following injury or illness. This is ideally performed in conjunction with any paid employment that the Surf Club member is also performing.

If you need to contact our insurer, _____ with respect to rehabilitation coordination and assistance please contact them on _____.

Thank you for your assistance and understanding in this matter.

Yours sincerely,

(Name)

Honorary Secretary

SLSC



Surf Club Member Authorisation Form

I, _____ hereby give consent for my doctor:

Doctors Name _____

Doctors Address _____

Doctors Phone No. _____

to discuss with the Surf Club Safety Officer _____, specific injury/illness information that will assist with my (graduated) Return to Surf Duties.

The Surf Club Safety Officer is bound by strict confidentiality and may not discuss information with any third party unless previously authorized by the injured member.

I understand that this consent is required to assist with my Return to Surf Duties and that all information obtained is treated in strict confidence.

_____ Date _____
Signature

Witness:	_____	Date _____
	Name	

	Position	

	Signature	