



Bronze Medallion

The Royal Life Saving Society Bronze Medallion is recognised as the minimum standard for a qualified lifesaver. This course will enhance your personal survival skills while providing you with the knowledge and skills to develop the level of judgement, technique and physical ability required to safely carry out water rescues.

Many workplaces recognise the Bronze Medallion qualification and can be highly desirable for employment. Having gained this qualification individuals are now eligible to complete the Pool Lifeguard Award.

The Bronze Medallion course is delivered in Perth and in many regional locations in Western Australia

Course Fee: \$210.00

When: Saturday 31 October and Sunday 1 November

Time: 9.00am - 5.00pm

Where: Broome Recreation & Aquatic Centre or Derby Memorial Swimming Pool

Enrolment

To enrol please complete the forms below and return to BRAC in person or email to <u>brac@broome.wa.gov.au</u>.

Delivery Mode: Face to Face

Pre-Requisites: Nil - However, it may be beneficial to have completed the Bronze Star Award. Participants in the Bronze Medallion course are required to have a reasonable level of fitness and swimming ability to complete this course. It is recommended that candidates are 14 in the calendar year they attempt the Bronze Medallion course.

Duration of the Certificate: The Bronze Medallion and the Resuscitation Award are valid for 12 months. If the Qualifications expire the candidate can still attend the Bronze Medallion Requalification course. (We suggest attending a full course if the Qualification has expired for more than 12 months)

Course content includes:

All components are accessed via theory and/or practical demonstration by the participant

Resuscitation

- Chain of survival
- DRSABCD
- CPR
- Aftercare

400m Swim (practice):

- 100m freestyle
- 100m breaststroke
- 100m survival backstroke
- 100m side stroke

Entries/Exits

Rescues

Non- contact tow

Contact tows

Search patterns

Spinal rescues

Timed tow

Scenario

Theory paper

- 21 multiple choice
- 9 written questions



Please choose a course location

PARTICIPANT INFORMATION

Please fill in ALL sections clearly

If you have any queries, please don't hesitate to contact the training department

Phone: 08 9383 8200 or Email: ctsupport@royallifesavingwa.com.au

Given Name:	Surname:
Email:	(Please include your email address as your certificate will be emailed to you)
Date of Birth:	Gender: 🛛 Male 🔹 Female
Telephone Numbers	
Mobile:	Other:
Address:	
Suburb:	Post Code:
Emergency Contact	
Name:	Mobile:
Are you of Aboriginal or Torres Strait Islander Origin?	 No Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal & Torres Strait Islander
Do you speak English at home?	Yes No, I speak:
	(Please inform your trainer if you have any difficulty understanding your trainer)
Do you have a disability, impairment or long term medical condition?	□ No □ Yes, please specify:
Do you have any language, literacy or numeracy requirements to complete this course?	No Yes (If Yes, please inform your trainer)
	If YES, please specify:
Tick or cross the below points:	
I understand I will be provided fee not yet competent	dback throughout the course and will only be notified if I am
RLSSWA has provided the policies	s, procedures and terms of enrolment
☐ I give permission for my statement parent or teacher	t of attainment to be sent to a third party such as an employer,
Signature of Participant	Date:



BROOME RECREATION AND AQUATIC CENTRE CREDIT CARD PAYMENT FORM

PERSON COMPLETING FORM: _____

IMPORTANT – PLEASE NOTE:

- Please complete <u>ALL</u> sections.
- The Broome Recreation and Aquatic Centre **does not** accept Diners Club card, Bankcard or American Express.
- **<u>NO</u>** notification confirming approval of payment will be given unless requested (ie. Receipt).
- Your bank statement for the credit card payment will state 'Shire of Broome'.
- Payment will be processed the week following closure of enrolments to secure your child's enrolment

FOTAL AMOUNT to be paid from credit card	
ACCOUNT TYPE Visa Master Card	
CARD HOLDERS NAME (As shown on card):	
CARD NO:	
EXPIRY DATE / CCV Number RECEIPT REQUIRED?	
POSTAL ADDRESS	
ADDRESS	_
OWN SUBURBSTATEPOSTCODE	
DAYTIME PHONE NO	
mail:	
/ /	
SIGNATURE OF CARD HOLDER DATE	
OFFICE USE ONLY STAFF NAME	
RECEIPT NO RECEIPT DATE/	