



BEACH WARDEN SELF-DECLARATION – GUIDANCE

This process has been introduced in the exceptional circumstances of many beaches not having RNLI Lifeguard cover and SLSGB Clubs wishing to provide essential safety advice and guidance to those at risk.

It will enable those with appropriate knowledge and experience but not the current pre-requisite awards to serve as Volunteer Beach Warden. For full details of the role [click here](#)

If you have in recent years been a qualified Lifeguard, Surf Lifesaver or a Trainer Assessor teaching and assessing these awards, this declaration will enable you to immediately start the process to become a Beach Warden.

Please note that you may be requested to submit further evidence as part of our quality assurance processes.

The self-declaration process relies on your assessment of your ability and experience to safely undertake the role. It must be supported by a statement from a Club Referee who knows you, your lifesaving history, and will confirm that in their opinion your background, as a long standing, Surf Lifesaving member will meet the requirements of the Beach Warden role. If in doubt, please contact the SLSGB office for further guidance.

You must sign this declaration and provide details of a Referee and any other relevant information to show that you are competent to fill the needs of the Beach Warden role.

Once this form is complete please return to the email address stated below.

Please sign and date this declaration.

Name:

Membership No:

Club:

I confirm that:

- The information given in this form is true and accurate to the best of my knowledge and belief.
- I consider my knowledge, technical and physical capabilities to be proficient and fit for purpose to actively use my Beach Warden award for the next 12 months.
- I understand that submitting false or incorrect information could result in my award and membership being suspended.
- I understand that CPR Guidance has changed due to COVID-19 risks and confirm that I will not undertake CPR until I fully understand the new guidance.

Signature:

Date:

My independent Referee, who if asked directly by us, has agreed to confirm my declaration details is:

Name:

Club:

Contact Phone Number:



SLSGB AWARD PROFICIENCY DETAILS

Name: _____

Membership Number: _____

Club: _____

Award	Beach Warden

Please note that there is no charge for this Award but you must be a Full Member of SLSGB.

To enable us to properly assess your request, please add as much detail of your history of Awards held as possible below.

Award	Start date	End date	Activity details
Estimated total number of hours of activity			Total:

What other training, learning or development activity have you done?	Date completed:	Score/Time (if required*)	Training delivered by:	Duration (Hours)
1. CPR Training* (CPR Training-add QCPR resus Annie score)				
2. Other				

Please tick below to confirm that your competency and knowledge and physical capability sufficiently meet the standard of the Beach Warden award and that you are proficient and fit for purpose to be active for the next 12 months.

**Please confirm below
(Y/N)**

I understand the role and responsibilities of Lifeguard

I understand the role and responsibilities of a Surf Lifesaver

I can undertake a risk assessment and know how to resolve risks

I understand and know how to use a Club LOP and EAP

I am able to organise a Team of Assistants and to manage their safety

I understand that I may be required to undertake CPR Training and is asked, agree to do so

Please complete this form and return to mail@sls.gb.org.uk



mail@sls.gb.org.uk | 01392 369111 | www.sls.gb.org.uk

Buckland House, Park 5, Harrier Way, Sowton, Exeter, EX2 7HU