

## School Surfing Supervisor Award (SSSA)

# Recognised Prior Learning (RPL) Form

Name ..... Contact Phone .....

School Name .....

School Address .....

Town ..... State ..... Postcode .....

**This is to certify that** .....(teacher name) has successfully

Completed a pool swim of 400m (in a 25m to 50m length pool) in less than 9 minutes within 30 days of the selected SSSA inservice training day, and has

Currency in emergency care and cardio-pulmonary resuscitation such as Perform CPR, Provide CPR or higher qualification such as Apply First Aid

**Certified by:** Name ..... Position .....  
(School Principal/Deputy Principal/Head Teacher/Sport Organiser/APOLA Workplace Trainer and Assessor)

Signature..... Date .....

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