



lifesavers
The Royal Life Saving Society UK

ASSESSMENT REPORT FORM

Please tick appropriate award

Life Support	<input type="checkbox"/>
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Life Support 3	<input type="checkbox"/>
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Award of Merit	<input type="checkbox"/>
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Distinction	<input type="checkbox"/>
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Bronze Cross	<input type="checkbox"/>
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Silver Cross	<input type="checkbox"/>
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PLEASE COMPLETE IN DUPLICATE AND BLOCK CAPITALS

Group		Group Society No.	1								
Trainer		Trainers Society No.	3								
Branch		Assessment Venue									

Candidate Details

Mr/Mrs/Miss/Ms/Other (Please specify)											
Surname											
First names in full											
Address											
		Post Code									
Tel No.		Email									
Date of Birth		Society No. (if applicable)	3								

NOTES

Failed candidate's must be crossed through - any form incorrectly completed will delay processing.

Complete the form in duplicate and send to the Branch Awards Officer, together with the correct remittance.

Section to be completed by the Assessor

Please initial as appropriate **Pass** **Fail**

Assessor's Name											
Assessor's Signature											
Date		Society No.	3								

Incorporated by Royal Charter Registered Charity No. 1046060 VAT Reg No. 754 5285 12 Company No. 3033781
Registered Office: River House, High Street, Broom, Warwickshire B50 4 HN Tel: 01789 773994 Fax: 01789 773995 email: lifesavers.org.uk

COMPLETE BOTH LABELS WITH NAME AND ADDRESS OF PERSON TO WHOM AWARDS SHOULD BE SENT

Name											
Address											
Post Code											