


EXAMINER REPORT FORM

AWARD STRAND: RESUSCITATION

Organisation	Training Venue	Date of Assessment
Examiner Name	Examiner Signature	Examiner Number

CANDIDATE NAME (Please print name in BLOCK LETTERS and then tick the appropriate award)	Date of Birth	Resuscitation "Awareness"	Resuscitation
1			
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 <p>EVERYONE CAN BE A LIFESAVER Royal Life Saving <small>ROYAL LIFE SAVING SOCIETY - AUSTRALIA</small></p>	Certificates to be sent to:	Account / Billing Details:	Office Use Only
			Inv:
			Date Received:
			Date Sent:

<p>NSW Head Office PO Box 8307, Baulkham Hills BC NSW 2153 Fax: (02) 9634 8529 Email: nsw@royalnsw.com.au</p>	<p>Riverina Regional Office PO Box 701, Wagga Wagga NSW 2650 Fax: (02) 6921 7124 Email: riverina@royalnsw.com.au</p>	<p>Illawarra Regional Office PO Box 574, Wollongong NSW 2520 Fax: (02) 4228 5399 Email: Illawarra@royalnsw.com.au</p>	<p>Western Regional Office PO Box 313, Orange NSW 2800 Fax: (02) 6362 3264 Email: western@royalnsw.com.au</p>	<p>Hunter Regional Office PO Box 412, The Junction NSW 2291 Fax: (02) 4929 4397 Email: hunter@royalnsw.com.au</p>	<p>Northern Regional Office PO Box 2455, Coffs Harbour NSW 2450 Fax: (02) 6651 6980 Email: northern@royalnsw.com.au</p>
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