

17 May 2021

To whom it may concern,

The bearer of this letter is an employee or volunteer patrolling member of Surf Life Saving New South Wales (SLSNSW), a gazetted NSW Emergency Service under the NSW State Emergency and Rescue Management Act 1989.

The NSW government has confirmed that all Surf Life Saving New South Wales staff and volunteers are eligible to be vaccinated under vaccination round 1B as they are considered “high risk workers who are currently employed including defence, police, fire, emergency services and meat processing”.

Please take this letter and attached Eligibility Declaration Form as evidence of eligibility and authority to receive.

Should you have any queries regarding this please contact my office on the details below.

Respectfully Yours,



George Shales OAM  
President  
Surf Life Saving NSW



Steven Pearce AFSM  
Chief Executive Officer  
Surf Life Saving NSW



## Eligibility Declaration Form

I,

(Name and address of  
person receiving the  
vaccine)

\_\_\_\_\_ (name)

\_\_\_\_\_ (address)

\_\_\_\_\_

\_\_\_\_\_

confirm that I meet one or more of the below criteria:

1. currently employed on a paid basis in an eligible occupation in Phase 1A;
2. currently employed on a paid or unpaid (volunteer) basis in an eligible occupation in Phase 1B;
3. a resident of a residential aged care facility or living in a disability facility;
4. a household contact of a quarantine or border worker eligible under Phase 1A;
5. aged 50 years or older;
6. undergone or undergoing one or more of the specified treatments or procedures for Phase 1B;
7. diagnosed by a medical practitioner with one or more of the specified medical conditions for Phase 1B;
8. diagnosed with a disability or age-related condition and am attending centre-based services; or
9. an essential carer of a person with a disability or elderly person
10. eligible under Phase 1A or Phase 1B.

**I confirm that the statement in this form is true.**

Signature of person receiving the  
vaccine:

Date:

(OR, if the vaccine recipient is unable to sign:) **I confirm that I am the patient's legal guardian or substitute decision-maker, and I confirm that the statement in this form is true.**

Guardian/substitute decision-  
maker's name:

Guardian/substitute decision-  
maker's signature:

Date