



Resuscitation Skills Maintenance

Workbook 2018

Theory Component

Use this workbook to answer the ten theory component questions for your 2018 Skills Maintenance in Resuscitation. All answers are based on the *SLSA Public Safety and Aquatic Rescue, 34th Edition (Revised July 2016)* training manual and pre-season updates from your SLS state/territory centre.

This workbook needs to be completed and returned to the relevant person during your skills maintenance session. They will be able to provide you with additional feedback.

Please note: 100% is required to pass this assessment.

This assessment is intended to be equitable, fair and flexible. If you feel that you are in any way disadvantaged, please speak with your assessor.

Participant details

First name _____ Surname _____

Contact Phone _____ Club _____

By signing below, I declare that the evidence I have submitted is my own work and I have taken all reasonable precautions that my work cannot be submitted by other participants as their own.

Signature _____ Date _____

Question	A	B	C	D	E	F
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>				
6	<input type="checkbox"/>	<input type="checkbox"/>				
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Skills Maintenance Record

Facilitator/ Assessor name _____

Comments _____

Signature _____ Date _____