

SWIMMING ASSISTANT TEACHER COURSE APPLICATION FORM

Name & Surname:	
Address:	
Postcode:	
Date of Birth:	Age by end December 2018:
ID Card No:	Mobile No:
Email address:	

Applying for:	
Level 1:	Swimming Assistant Teacher Course (€420) <input type="checkbox"/>
Session Dates:	

Are you currently teaching/coaching?	Yes	No	(delete as necessary)
--------------------------------------	-----	----	-----------------------

Please include any relevant qualifications and/or teaching experience

Do you suffer from any medical condition(s) that the tutors need to know about? If yes, please specify:

Applicant's Signature

Date

FOR OFFICIAL USE ONLY		
Received the sum of:	Cash/Cheque No	For Course Parts
Approved on:		Signature: