

SWIMMING 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 2:	Swimming Teacher Course	<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: