



SWIMMING SOUTH AFRICA TEACHING & COACHING RENEWAL ENROLMENT FORM

NB : ALL REWEWAL DOCUMENTS ARE TO BE SUBMITTED 2 MONTHS PRIOR TO THE THE CERTIFICATE'S EXPIRY DATE

DATE OF SUBMISSION _____

First Name		Surname:											
D.O.B:		ID.No:		Province & City									
Demographic & Gender Info		PLS tick:		Male	Female	African	Asian	white	Coloured	other			
Accreditation Type Applied		Todswim		LTS Instructors		Coaching L 1		Coaching L 2		Coaching L 3		Coaching L 4	
SSA ID No:		LTS Reg No											
District													
Contact Address (Physical)													
										Post code			
Contact Address (Postal)													
										Post code			
		(H) ()		(W)	()		cell	()		alternative No.()			
Email Address													

Name clearance with atleast 6 months to run , copy of level 1 First Aid certificate less than 1 year (if more than a year old include latest CPR), the above application filled in,signed Swimming So code of conduct and evidence of the required number of CPD points.

Candidate Signature: _____ Date: _____ E&T coordinator Signature: _____

