



## SWIMMING SOUTH AFRICA TEACHING & COACHING COURSE ENROLMENT FORM

NAME OF FACILITATOR \_\_\_\_\_

COURSE DATES \_\_\_\_\_

COURSE VENUE \_\_\_\_\_

COURSE ORDER NO \_\_\_\_\_

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		
SSA ID No:			LTS Reg No						
DISTRICT									
Contact Address (Physical)									
Contact Address (Postal)									
		(H) ( )		(W) ( )	Cell ( )	Alternative No ( )			
Email Address									

Certified copy of I.D, Name clearance with atleast 6 months to run,1 photograph and certified copy of level 1 First Aid certificate less than 1 year to acc application on signature, the applicants responsibility to abide by the Swimming South Africa's Constution & code of conduct

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_ E & T co-ordinator Signature: \_\_\_\_\_

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