



APPLICATION FOR RECOGNITION OF PRIOR LEARNING

Date of submission to affiliate -----

First Name		Surname:									
D.O.B:		ID.No:		Province & City							
Demographic & Gender Info		PLS tick:	Male	Female	African	Asian	white	Coloured	other		
current Qualification Held		LTS Instructors		Todswim	Coaching L 1	Coaching L 2	Coaching L 3	Coaching L 4			
Accreditation Type Applied		LTS Instructors		Todswim	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) ()	Fax	()	Cell	()				
Email Address											

The following must be accompany this Application (PLS Tick)

Certified copy of I.D	1 I.D size photo	First Aid	Code of conduct	proof of Payment
Name clearance	Certified copy of I.D	Portfolio of evidence/CV	Copy of certificates	

Certified proof of identity documents and Qualification to accompany this form including a recent ID sized photograph.

On signature, the Applicant accepts responsibility to abide by the Swimming South Affrica's Consttution & Code of Conduct.

Any qualification must be supported with relevant transcript(Foreign qualification must be certified and translated in english)

Candidate Signature: _____ **Date:** _____ **PE&TC Signature:** _____

