



Swimming South Africa Course Enrollment Form

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						
Accreditation Type Applied for		LTS Instructors		Todswim	Coaching L 1		Coaching L 2						
SSA ID No:		LTS Reg No				Accreditation Centre No:							
Affiliate													
Physical Address													
Postal Address													
Email Address													
Alternative contact person		Name				Relationship							
Email Address						cell no							
<p>Certified proof of identity documents and Qualification to accompany this form including a recent ID sized photograph.</p> <p>On signature, the Applicant accepts responsibility to abide by the Swimming South Africa's Consttution & Code of Conduct.</p>													
Candidate Signature: _____				Date: _____				TC Mem Signature: _____					