**NATIONAL RESCUE AWARD FOR SWIMMING TEACHERS & COACHES APPLICATION FORM**

DATE OF COURSE…………………………………………………………………………………………………………………………………

NAME………………………………………………………………………………………………………………………………………………….

ADDRESS……………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………..

CONTACT NUMBER……………………………………………………………………………………………………………………………..

EMERGENCY CONTACT NUMBER………………………………………………………………………………………………………..

EMAIL ADDRESS………………………………………………………………………………………………………………………………….

AGE…………………………………………………………..DOB………………………………………………………………………………….

MEDICAL CONDITIONS/DISABILITIES……………………………………………………………………………………………………

LEARNING REQUIREMENTS………………………………………………………………………………………………………………….

PLEASE STATE IF YOU ARE A NEW CANDIDATE OR REWAL…………………………………………………………………..

IF RENEWAL CANDIDATE EXPIRY DATE………………………………………………………………………………………………..

**DECLARATION OF SWIMMING ABILITY**

I (NAME IN PRINT)…………………………………………………DECLARE THAT I AM ABLE TO FULLFIL ALL OF THE

PRE-REQUISITES FOR THE COURSE

SIGNED……………………………………………………………………………………………………………………………………………….

PAYMENT IS DUE AT TIME OF BOOKING

SEA MONKEYS SWIM SCHOOL LLOYDS BANK 00246021 30 12 10

CANDIDATES NAME AS REFERENCE

ALL COMPLETED FORMS TO BE EMAILED TO: gailmille@yahoo.co.uk

ANY ENQUIRIES PLEASE CONTACT GAIL MILLER 07956 226 375