



Swimming South Africa Learn To Swim Program - Course Enrollment Form

First Name:		Surname:			
Date of Birth:		Identity Document no.:			Province & City:
SSA ID No:		LTS Reg. no:			Accred. Centre No:
Demographic & gender info:	Please tick:	<input checked="" type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> white	<input type="checkbox"/> black
		<input type="checkbox"/> asian	<input type="checkbox"/> other		
Current Qualification held:	LTS Instructors		LTS Advanced Instructor		Todswim Instructor
					LTS Splash Polo
Accreditation Type Applied For:	LTS Instructors		Todswim Instructor		Coaching level 1
					LTS Facilitator
Aquatic Asso. Belonging to:					
Association contact details					

Physical Address						Post Code:	
Postal Address						Post Code:	
Telephone	Home: ()	Work: ()	Fax: ()	Cell:			Post Code:
E-mail							

Facility Being Used (Yes or No)	Public:	Private:	Is Facility Heated:	Is Facility Covered:
What months do you operate?		What days of week		Hours of operation
Age groups taught	toddlers:	4 yrs upwards		Stroke correction
Lesson Rates	per lesson	No of learner in a group		Monthly rates
Public Facility:	Tel no: ()	Name of Facility		
	Physical Address :			
Private facility	Tel no: ()	Name of Facility		
	Physical Address :			
Public Liability Insurance?			Professional Indemnity Insurance?	

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

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

Candidate Signature: Date: TC Mem Signature: