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| **Candidate Details** |
| **Title:** |  | **Name:** |  |
| **Address:** |  |
| **Post Code:** |  | **Date of Birth:** |  |
| **Telephone:** |  | **Email:** |  |
| **Emergency Contact Details** |
| **Name:** |  | **Telephone:** |  |

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| **Course Prerequisites – All learners must meet the following criteria before starting the course (please tick)** | **✓** |
| Be 16+ years of age on the date of assessment |  |
| Jump / dive into deep water |  |
| Swim 50 metres in no more than 60 seconds |  |
| Swim 100 metres continuously on front and back |  |
| In deep water, tread water for 30 seconds |  |
| Surface dive to the floor of the pool |  |
| Climb out of the pool unaided without using a ladder / steps where the pool design permits |  |

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| **Specialist Learning Requirements** | **Yes** | **No** |
| Do you have any specialist learning requirements? |  |  |
| Do you have a disability / medical condition? \*please note a good level of vision and hearing is required for this course |  |  |
| **If you have answered yes to either of the above, please provide further details below on how we can assist with your learning:** |
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| **Declaration** |
| I declare that all of the information I have provided on this enrolment form is true and accurate. I understand that if I have failed to declare any specialist learning requirements at this stage, this may impact my ability to successfully pass the assessment and gain the qualification.  |
| **Learner Signature:** |  | **Date:** |  |
| **Parent/Guardian Signature (if under 18):** |  | **Date:** |  |