LEARNER GUIDE / MODULE COVER SHEET TECHNICAL OFFICIAL ACCREDITATION REGISTRATION FORM



Personal Details

FAMILY NAME:	MR / MRS / MISS/ MS /
FIRST NAME:	GENDER: Male / Female
DATE OF BIRTH (dd/mm/yyyy):	WWCC#:
ADDRESS:	
SUBURB:	
STATE:	POSTCODE:
PHONE:	
MOBILE:	
E-MAIL ADDRESS:	
CLUB:	
AREA:	
Accreditation Learner Guide Course Details	
TITLE of Accreditation:	
PRESENTER'S NAME (please hand-write):	
PRESENTER'S signature:	
ASSESSOR'S NAME (please hand-write):	
ASSESSOR'S signature:	
CANDIDATE'S signature:	
VENUE:	
Theory Complete: Yes	Practical Complete: Yes
Assessment Decision (circle): Competent	Not Yet Competent
Accreditation Complete Date:	

Please return completed form to your <u>Area Technical Swimming Committee Convenor</u>.

^{*}You must be a Financial member of a Swimming NSW club in order for your accreditation to be processed.