



SWIMMING SOUTH AFRICA - CANDIDATE PROFILE

Tick appropriate box (✓) for the course you will be sitting on

LEARN TO SWIM COURSE		TODSWIM COURSE		LEVEL 1 COACHING COURSE	
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LEARNERS NAME: _____ TELEPHONE NUMBER: _____

AFFILIATE: _____ DOB: _____ GENDER: _____ RACE: _____

To be completed by all learners who have registered for an SSA course. Questions asked below will enable facilitators to have background knowledge of the candidates and will assist in providing the necessary support.

	To be completed by candidate	Facilitator's comments
Highest standard passed or currently busy with.		
English proficiency - Please comment with regards to your ability to read, write and speak.		
Describe any learning disabilities that might impede learning process and the completion of the course as outlined.		



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<p>Have you been involved in aquatics/swimming? If you have, detail your experience.</p>		
<p>Why did you register for this course - what are your expectations of the course and what are your long-term plans?</p>		
<p>Briefly explain the importance of being able to swim.</p>		

Learner's Signature: _____ Date: _____

PE&TC Signature: _____ Date _____