



SWIMMING SOUTH AFRICA APPLICATION FORM

NAME OF FACILITATOR	
COURSE DATES	
COURSE VENUE	
AFFILIATE	
COURSE ORDER NO	

First Name				Surname:			
Title		Initials		SA ID No:			
Gender		Race		Passport No (if not South African):			
Do You Have a Disability ? (Mark X)	Yes	No	If yes please specify:				

What are you Applying for? (please indicate(X)	Sit On SSA Course			Renewal of SSA certificate			Recognition of prior learning (RPL)				
	Learn to swim	<input type="checkbox"/>	Todswim	<input type="checkbox"/>	Coaching Level 1	<input type="checkbox"/>	Coaching Level 2	<input type="checkbox"/>	Coaching level 3	<input type="checkbox"/>	Coaching level 4

Contact Address (Physical)				Contact Numbers	
Line 1 / Building , Street Name				Cell:	
Line 2 / Suburb				Work:	
Line 3 / City				Home :	
Line 4 / Province		Code		Alternative No:	
Email Address					

NB. ALL Applications Must Be Accompanied By : Certified ID Copy, 1 ID Photo, Full Police Clearance , Valid Level 1st Aid Certificate if over a year must be accompanied by CPR

Candidate Signature: _____	Date: _____
E&TC Name: _____	E&TC Signature : _____

DATE OF SUBMISSION