



Training Enrolment Form

Season: 2022/23
Date Revised: June 2022
Version No: 6

COURSE DETAILS

Course(s)		Course Start Date(s)	
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PERSONAL DETAILS

Given Names		Surname	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth	
Address			
Suburb		Postcode	
Email		Phone	
Surf Lifesaving Club		CPD Number	<i>(if applicable)</i>

GENERAL

1. Do you speak a language other than English at home?

No (Go to Q3) Yes – Please specify: _____

2. If YES, How well do you speak English?

Very well Well Not very well Not at all

3. Do you consider yourself to have a disability, impairment or long-term condition that may affect your studies?

No (Go to Q5) Yes

4. If YES, please indicate the area of the condition:

- | | |
|--------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Acquired Brain Impairment | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Other (please specify): _____ | |

5. Do you wish to apply for Recognition of Prior Learning (RPL)?

No Yes (please discuss with your Trainer or Assessor)

6. What motivated you to enrol in this course?

- | | |
|--------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Join a SLS patrol team | <input type="checkbox"/> Participate in surf sports |
| <input type="checkbox"/> Become a patrol captain | <input type="checkbox"/> Meet entry requirements for another SLS award |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Become a lifeguard |

PRIVACY NOTICE

Surf Life Saving NSW (SLSNSW) will use the information provided by you on this enrolment form for the purpose of general participant administration, planning and communication. Information may also be submitted to the Department of Education, Employment & Workplace Relations for research, statistical & internal management purposes only. The information that you provide is collected by Surf Life Saving Australia (SLSA) and it may be shared with other Surf Life Saving organisations for the purposes of fulfilling the Surf Life Saving organisations' objectives. For health and safety purposes, you must provide this information. In supplying the requested information, you have consented to the use of the information for those purposes. Information provided will be held securely. You may access, correct or amend your personal details by contacting SLSNSW Academy Phone: (02) 9471 8000 Fax: (02) 9471 8001 or SLSA info@slsa.asn.au / Fax: (02) 9130 8312. Consult the SLSA Privacy Policy for further information.

IDENTIFICATION: Photo ID must be sighted for non-member / commercial courses – Driver's License as a minimum

TYPE OF ID SIGHTED:	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Passport	TRAINER INITIAL:		DATE:	
	<input type="checkbox"/> State issued ID card	<input type="checkbox"/> USI number				

Refund Policy

1. This policy is applicable to paying participants only and does not apply to participants who have received complimentary training or club/branch funded training.
2. A full refund of course enrolment fees will be made if a course is cancelled by Surf Life Saving NSW (Training Division) for any reason. This does not include club membership fees.
3. An application for refund of course fees under any other circumstance must be made in writing to Surf Life Saving NSW (Training Division) or the relevant club/branch.
4. Where cancellation is made less than five (5) working days prior to the commencement of a course, 50% of the course fees will be charged.
5. Participants who do not commence the course and do not provide a written refund request in line with 3 and 4 above, will be charged the full course fees.
6. Participants who commence the course but leave the course early and/or do not complete the course will be charged the full course fees.
7. Refunds will be considered on a pro-rata basis for participants who fall ill or are injured to the extent they can no longer undertake the course, providing a supporting Medical Certificate is supplied to Surf Life Saving NSW (Training Division) or the relevant club/branch.
8. However, should participants wish to finalise incomplete units of competency in a future course the original fee can be used as a credit towards that course within six months of initial payment.
9. In all other cases, refunds are at the discretion of Surf Life Saving NSW Academy (Training and Assessment Division) and may be negotiated on an individual case-by-case basis.
10. All requests for refunds will be acted upon within 30 days.
11. Reprinting of certificates may incur a fee.

Termination

1. Surf Life Saving NSW reserves the right to expel a participant for serious breach of discipline.
2. In such cases, fees will not be refunded.

DECLARATION

By signing this declaration, I apply for admission to the above listed course and declare that:

- a. I have read, understand and will comply with the policies, procedures and Code of Conduct outlined in the SLSNSW Participant Handbook. [Click here](#)
- b. I have read, understand and agree to the organisation's Refund Policy and Appeals information
- c. I have received and understand the information provided regarding the applicable prerequisites for this course including SLS entry requirements. [Click here](#)
- d. I believe I meet the applicable prerequisites and SLS entry requirements for this course. [Click here](#)
- e. The information I have provided is true and correct to the best of my knowledge; and
- f. I understand and accept that the information I provide will be used for the purposes outlined in the Privacy Notice.

Name		Signature	
Date			

If the participant is **under the age of 18 years**, this form must be signed by a parent/guardian

Parent/Guardian Details

Name		Signature	
Date			