



Training Enrolment Form

Season: 2024/25
Date Revised: July 2024
Version No: 8.0

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 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): _____ | |

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 or update your personal details via the [SLSA Members Area](#), or by contacting SLSNSW Phone: (02) 9471 8000 Fax: (02) 9471 8001. Consult the SLSA Privacy Policy for further information.

IDENTIFICATION: (Photo ID must be produced at a minimum e.g. Driver's License)

Type of ID sighted:		Trainer Initial:		Date:	
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DECLARATION

By signing this declaration, I declare that:

- a) I have read, understand and will comply with the policies, procedures and Code of Conduct outlined in the [SLSNSW Participant Handbook](#).
- b) I am aware of the prerequisites for this course and confirm that I meet them.
- c) The information I have provided on this enrolment form is true and correct to the best of my knowledge.
- d) I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of enrolment or the withdrawal of any offer made by Surf Life Saving.
- e) I understand and accept that the information I provide will be used for the purposes outlined in the [Privacy Notice](#).
- f) I understand that Surf Life Saving NSW is exempt from reporting requirements associated with the Unique Student Identifier (USI) scheme and that as a result, completion of any nationally accredited components of this course will not appear on my authenticated VET transcript available from the Student Identifiers Agency.

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			