

**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):	
ADDRESS:	
SUBURB:	MEMBERSHIP NUMBER*:
STATE:	POSTCODE:
PHONE (bh):	PHONE (ah):
MOBILE:	
E-MAIL ADDRESS:	
CLUB:	AREA:

Accreditation Learner Guide Course Details

NAME of Learner Guide / Module:	
Presentation date:	Venue:
Level 1 Candidate's PRESENTER'S NAME (please print):	
PRESENTER'S signature:	
ASSESSOR'S NAME (please print):	
ASSESSOR'S signature:	
CANDIDATE'S signature:	
WWC number:	
Level 1 SAL Exam Completion date:	Practical Complete (circle): First / Second
Assessment (circle): Level 1 First / Second Level 2 Pre / First/ Second Level 3 Pre Assessment	
Assessment Decision (circle): Competent / Suitable for next assessment / Not Yet Competent	
Accreditation Complete Date:	

Please return completed form to your [Area Technical Swimming Committee Coordinator](#) and also to [Swimming NSW](#).

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