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| LEARNER GUIDE / MODULE COVER SHEETTECHNICAL OFFICIAL ACCREDITATION REGISTRATION FORM |  |
| Personal Details |  |  |  |
| **FAMILY NAME:**  | **MR / MRS / MISS/ MS /**  |
| **FIRST NAME:**  | **GENDER: Male / Female**  |
| **DATE OF BIRTH (dd/mm/yyyy): WWCC#:** |
| **ADDRESS:**  |
| **SUBURB:**  |  |
| **STATE**:  | **POSTCODE:**  |
| **PHONE:** |
| **MOBILE:**  |
| **E-MAIL ADDRESS:**  |
| **CLUB:** |
| **AREA:** |
| Accreditation Learner Guide Course Details |
| **TITLE of Accreditation:** |
| **PRESENTER’S NAME (please hand-write):**  |
| **PRESENTER’S signature:**  |
| **ASSESSOR’S NAME (please hand-write):**  |
| **ASSESSOR’S signature:**  |
| **CANDIDATE’S signature:**  |
| **VENUE:** |
| Theory Complete: Yes | Practical Complete: Yes |
|  |
| **Assessment Decision (circle):** Competent Not Yet Competent  |
| **Accreditation Complete Date:**  |

**Please return completed form to your** [**Area Technical Swimming Committee Coordinator**](http://nsw.swimming.org.au/page.php?id=218)**.**

**Jennie Riley snc.atscc@gmail.com**

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