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| --- | --- | --- | --- |
| 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): 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.***