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| **REFEREE and STARTER COVER SHEET** | | |
| **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:** |  | |
| **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](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.***