

Assistant Swimming Coaching Course -March/April 2024 APPLICATION FORM

Name & Surname:			
Address:			
Postcode:		Date of Birth:	
ID Card No:		Mobile No:	
Email address:			
Session Dates:	<p>Zoom Sessions: 2nd April from 17.30 to 19.30 9th & 10th April 2024 from 17.30 to 21.30</p> <p>Practical Sessions: 19th April from 17.30 to 21.00 20th April from 13.00 to 18.00 21st April from 8.30 to 12.30</p> <p>E-Learning: Online platform will be accessible after payment.</p>		
Any Medical Conditions/Learning Difficulties			

Applicant’s Signature

Date

FOR OFFICIAL USE ONLY			
Received the sum of:	Cash	Cheque	Bank transfer
		Cheque No.	
Date:	Signature:		