



PARTICIPANT INFORMATION

Please fill in ALL sections clearly

If you have any queries, please don't hesitate to contact the training department

Phone: 08 9383 8200 or Email: ctsupport@royallifesavingwa.com.au

Given Name: _____	Surname: _____
Email: _____	(Please include your email address as your certificate will be emailed to you)
Date of Birth: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Telephone Numbers	
Mobile: _____	Other: _____
Address: _____	
Suburb: _____	Post Code: _____
Emergency Contact	
Name: _____	Mobile: _____

Are you of Aboriginal or Torres Strait Islander Origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal & Torres Strait Islander
Do you speak English at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No, I speak: _____ (Please inform your trainer if you have any difficulty understanding your trainer)
Do you have a disability, impairment or long term medical condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify: _____
Do you have any language, literacy or numeracy requirements to complete this course?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, please inform your trainer) If YES, please specify: _____

Tick or cross the below points:	
<input type="checkbox"/> I understand I will be provided feedback throughout the course and will only be notified if I am not yet competent	
<input type="checkbox"/> RLSSWA has provided the policies, procedures and terms of enrolment	
<input type="checkbox"/> I give permission for my statement of attainment to be sent to a third party such as an employer, parent or teacher	
Signature of Participant _____	Date: _____