Royal Life Saving
THE ROYAL LIFE SAVING SOCIETY WESTERN AUSTRALIA INC
Everyone can be a lifesaver!

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 Email: training@rlsswa.com.au

Given Name: _____ **Surname:** _____

Email: _____ (Please include your email address as your certificate will be emailed to you)

Date of Birth: _____ **Gender:** ☐ **Male** ☐ **Female**

Telephone Numbers

Mobile: _____ **Other:** _____

Address: _____

Suburb: _____ **Post Code:** _____

Emergency Contact

Name: _____ **Mobile:** _____

Are you of Aboriginal or Torres Strait Islander Origin?	☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal & Torres Strait Islander
Do you speak English at home?	☐ Yes ☐ 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?	☐ No ☐ Yes, please specify:
Do you have any language, literacy or numeracy requirements to complete this course?	☐ No ☐ Yes (If Yes, please inform your trainer) If YES, please specify:

Tick or cross the below points:

☐ **I understand I will be provided feedback throughout the course and will only be notified if I am not yet competent**

☐ **RLSSWA has provided the policies, procedures and terms of enrolment**

☐ **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:** _____