**AUSTSWIM practical hours application**

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| **Personal details** | | | | | | | | | | | |
| Name: | |  | | | | | | | Gender: | |  |
| Date of birth: | |  | | | | | | | Age: | |  |
| Address: | |  | | | | | | | | | |
|  | | | | | | | | | |
| Phone no: | |  | | | | | | | | | |
| Email: | |  | | | | | | | | | |
| Medical conditions: | | |  | | | | | | | | |
| Please note as a trainee you are not insured through the Department of Education.  Please contact your course provider for insurance details | | | | | | | | | | | |
| Emergency contact name: | | | | |  | | | | | | |
| Emergency contact phone: | | | | |  | | Relationship to you: | | | |  |
| **Practicum information** | | | | | | | | | | | |
| Course provider: | |  | | | | | | Date of course: | | |  |
| Preferred start date: | | | |  | | | | | | | |
| Preferred venues: | | 1. | | | | 2. | | | | 3. | |
| **Documentation** | | | | | | | | | | | |
| I have attached: | | | | | | | | | | | |
|  | A copy of my AUSTSWIM user report on successful completion of online exam | | | | | | | | | | |
|  | A copy of my current CPR certificate | | | | | | | | | | |
|  | A copy of the letter of the Department of Education screening  (if 18 years or older) | | | | | | | | | | |
|  | A copy of my Working With Children card or receipt of application (if 18 years or older) | | | | | | | | | | |

Please forward copies and details to:

* Metropolitan Interm placement E: [interm-metro@education.wa.edu.au](mailto:interm-metro@education.wa.edu.au)
* Country Interm placement E: [interm-country@education.wa.edu.au](mailto:interm-country@education.wa.edu.au)
* VacSwim placement E: [vacswimstaffing@education.wa.edu.au](mailto:vacswimstaffing@education.wa.edu.au)

Please note all documents must be received at least 7 working days prior to the commencement of a program.

A confirmation email from Swimming and Water Safety must be received prior to starting a practicum.