



Industry training

Personal details						
Name:				Gender:		
Date of birth:				Age:		
Address:				Phone no:		
Email						
Medical conditions:						
Emergency contact name:						
Emergency contact phone:						
Information for trainees						
<ul style="list-style-type: none">• Trainees are not insured through the Department of Education. Contact your course provider for insurance details.• Industry training is competency based.						
Preferred program: (Please rank in order of preference)	<input type="checkbox"/>	January program 1 (8 days) – 29 December – 7 January 2022				
	<input type="checkbox"/>	January program 2 (10 days) – 10 January – 21 January 2022				
I would like to request a venue close to the following suburb:						
Course provider:	<input type="checkbox"/>	AUSTSWIM	<input type="checkbox"/>	ASCTA – Swim Australia Teacher	<input type="checkbox"/>	RLSWA – ISWSC
Documentation						
I have attached:						
<ul style="list-style-type: none">• a copy of my swimming instructor online theory.• a copy of my current CPR (HLTA009) qualification.• a copy of my Department of Education Nationally Coordinated Criminal History Check or SCN number (if 18 years or older)• a copy of my Working with Children card or receipt (if 18 years or older)						
Send this application and documentation to: Interm-metro@education.wa.edu.au						