



NATIONALLY RECOGNISED  
TRAINING



SYSTEMS

**World Aquatics Swimming Instructor Course Enrolment Form**

Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

State Swim Swimming School you have applied to be employed at: \_\_\_\_\_

Course Details

Venue: \_\_\_\_\_

Date: \_\_\_\_\_ Course Fees: \_\_\_\_\_

**Payment Details (Cheque/Money Order OR EFT (Details Below))**

**We will provide Tax Invoice within one week of receiving full payment**

Please find enclosed my Cheque/Money Order for \$ \_\_\_\_\_

Please ensure that you include your name and course name (WASI) when using EFT

**OR Make payment using Electronic Funds Transfer (EFT) (We will confirm payment receipt with you within 5 working days, if we have not contacted you please call State Swim Systems on 9339 4518)**

**Bank                      National Australia Bank**

**Account Name        State Swim Systems**

**BSB                      085 458**

**Account Number    87246 4486**

**PLEASE NOTE THAT FULL PAYMENT MUST BE RECEIVED PRIOR TO COURSE**

I have read and understood the course information sheet attached.

Signed: \_\_\_\_\_

**Post this form and payment to State Swim Systems PO Box 232 Palmyra WA 6957**

**OR Fax to State Swim Systems on 9339 8097**

**Medical Conditions**

Do you have a medical condition we should know about?    Yes/No

**Medication:** \_\_\_\_\_

**Treatment Details:** \_\_\_\_\_

