

Applicant's Information

Ref #

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address

_____ *State* *ZIP Code*

_____ *City* *Country*

Mobile Phone: _____ Alternate Phone: _____

Email _____

SSN or Gov't ID: _____

Birth Date: _____ Marital Status: _____

Job Information

Title: _____ Company _____

Supervisor: _____ Department: _____

Work Location: _____ Email: _____

Work Phone: _____ Cell Phone: _____

Start Date: _____ Web site _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

Medical

If you suffer from any of the following conditions , or doubt your physical ability to complete the course , then you should seek medical advice : heart trouble , angina, High blood pressure, asthma or breathing condition , back or neck problems , any join injury , blackouts , fainting, seizures or epilepsy .In addition , if you suffer from any other injury , disease or illness that may be aggravated by swimming , lifting or entering deep water

If you need any additional learning support, please speak to General Trainer in advance

Declaration

I declare that that the above information is true and accurate, and I have no medical or physical reason would prevent me from attending any IWSF course

I confirm that I can demonstrate the minimum standards required, and I understand that 100% attendance is required to be entered for any examination

Candidate's Signature

Date

PHOTO

Organization Declaration

Manager Name and Signature	Stamp

IWSF OFFICIAL ONLY

FEES PAID	Area	LICENCE no.	DATABASE UPDATE	PROCESSING BY

DOCUMENTS SUNTITLED	REMARKS AND RECOMMENDATION