

**PERSONAL INFORMATION**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: H: \_\_\_\_\_ W: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M / F Preferred Contact: Letter / Fax / Email

**STATISTICAL INFORMATION (USE FOR STATISTICAL REPORTING ONLY)**

1. How did you find out about the course?  
 AUSTSWIM Website  WSNZ Website  Pool  School/University  Conference/Forum  Other \_\_\_\_\_

2. The purpose of your enrolment is to:  
 Gain Long Term Employment  Gain Short Term Employment  Part of School/Uni Course  Career Change  Personal Development

3. Which best describes your current employment status?  
 Full Time  Part Time  Looking for Work  School Leaver  Student  Returning to work (from retirement or career break)  Other

4. Once licensed which one of the following events organised by AUSTSWIM would you consider attending?  
 Extension Accreditation  Professional Development Workshop  Conference  Swimming Teacher Forum

5. Are you employed by the Department of Education?  Yes  No

If yes, please select one of the following  Preschool/Kindergarten  Primary  Secondary  Tertiary

**EMERGENCY CONTACT & MEDICAL DETAILS**

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The AUSTSWIM course may involve activities in deep, shallow or open water, some of which require a reasonable level of fitness and swimming ability. Is there any known reason, medical or otherwise, that would limit or restrict your ability to participate in sessions and/or activities?

No  Yes, please specify: \_\_\_\_\_

**COURSE DETAILS**

Please tick the course(s) you wish to enrol in and **FILL OUT THE LOCATION AND DATE INFORMATION** of the course you wish to attend. If your preference is not available AUSTSWIM will notify you accordingly. Please note: the AUSTSWIM Teacher of Swimming & Water Safety™ Course is a pre-requisite to the AUSTSWIM extension accreditation courses. \* **Prices are subject to change.**

COURSE TYPE	COURSE CODE	LOCATION	DATE	COST
AUSTSWIM Teacher of Swimming & Water Safety™ (TSW)				\$350.00
AUSTSWIM Teacher of Infant & Pre School Aquatics™ (INF)				\$240.00
<b>AUSTSWIM EXTENSION ACCREDITATIONS (SOON TO BE AVAILABLE IN NZ)</b>				
AUSTSWIM Teacher of Aquatics for People with a Disability™ (PWD)				\$
AUSTSWIM Teacher of Adults™ (AD)				\$
AUSTSWIM Teacher of Towards Competitive Strokes™ (TCS)				\$
All fees are inclusive of GST			<b>TOTALS:</b>	\$

**PAYMENT DETAILS**

**TAX INVOICE REQUIRED: YES / NO**

Enclosed is a cheque/money order. Please make cheques payable to WATER SAFETY NZ LIMITED

Direct Debit - WSNZ Account: 01-0564-0006790-000 (Please reference: AUSTSWIM)

**Remember to sign Page 2**

## REFUND POLICY

- Requests for refunds or transfers must be received in writing, by WSNZ, no less than 48 hours prior to the commencement of the course. Non-attendance with no notification may automatically result in the loss of your full registration fee.
- Cancellations (refund requests) will incur an administration fee of 20% of the enrolment fee. In the event of the course being cancelled due to insufficient enrolments you will be offered a full refund or you may elect to transfer to another course.
- Transfers will incur an administration fee of 10% of the enrolment fee, if more than 2 weeks notice is given. If less than 2 weeks notice, transfers will incur an administration fee of 20% of enrolment fee. A transfer fee is not charged if a medical certificate is attached to the written transfer request.

## SECTION 7 TERMS & CONDITIONS OF ENROLMENT

1. "AUSTSWIM" for the purposes of this application and declaration means and includes AUSTSWIM Limited, its members (including the Branches) and where the context so permits, their respective directors, officers, members, servants or agents.
2. WSNZ for the purpose of this application and declaration means and includes Water Safety New Zealand Incorporated and where the context so permits, its directors, officers, members, servants or agents.
3. If accepted I will be permitted to participate in the AUSTSWIM Course subject to my complying with the terms and conditions of the AUSTSWIM Course, this declaration, the AUSTSWIM Administrative Procedures (to the extent relevant) and any reasonable direction issued by the AUSTSWIM Course organisers or their representatives. A copy of the relevant AUSTSWIM Administrative Procedures is available upon request from WSNZ.
4. **Payment Terms:** Payment must be received by WSNZ within 7 working days of AUSTSWIM Course start date unless prior arrangement has been made with WSNZ.
5. This document cannot be amended. If I do amend it my application will be null and void. It cannot be accepted by WSNZ.
6. This declaration comprises a contract between me and WSNZ. It is necessary and reasonable for promoting and conducting the AUSTSWIM Course.
7. **Warning:** Participation in the AUSTSWIM Course can be inherently dangerous. Serious accidents may happen which may result in me being injured or even killed. I have voluntarily read and understood this warning and accept and assume the inherent risks in the AUSTSWIM Course.
8. **Exclusion of Liability:** Except where provided or required by law and such cannot be excluded, I agree that it is a term of my entry in the AUSTSWIM Course (if accepted) that WSNZ AND AUSTSWIM are absolved from all liability however arising from injury or damage however caused (whether fatal or otherwise) arising out of my participation in the AUSTSWIM Course. To the extent that you are acquiring WSNZ services (including attending the AUSTSWIM Course) for the purposes of a business, the provisions of the Consumer Guarantees Act 1993 do not apply.
9. **Release and Indemnity:** In consideration of WSNZ and AUSTSWIM accepting my application for entry to the AUSTSWIM Course I:
  - (a) release and forever discharge WSNZ and AUSTSWIM from all Claims that I may have or may have had but for this release arising from or in connection with my participation in the AUSTSWIM Course; and indemnify and hold harmless AUSTSWIM to the extent permitted by law in respect of any Claim by any person including but not only another participant in the AUSTSWIM Course arising as a result of or in connection with my participation in the AUSTSWIM Course.
10. In this clause 8 "Claims" means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising.
11. **Fitness to Participate:** I declare that I am and must continue to be medically and physically fit and able to participate in the AUSTSWIM Course. I am not and must not be a danger to myself or to the health and safety of others. I will immediately notify WSNZ in writing of any change in my fitness and ability to participate. I understand and accept that AUSTSWIM will continue to rely upon this declaration as evidence of my fitness and ability to participate.
12. **Medical Treatment:** I consent to receiving any medical treatment that the AUSTSWIM Course organisers or their authorised representatives consider necessary or desirable during or after the AUSTSWIM Course. I also agree to reimburse WSNZ for any costs or expenses incurred in providing me with such medical treatment during the AUSTSWIM Course.
13. **Privacy:** I understand that the information I have provided in this application is collected by WSNZ for the purposes of the AUSTSWIM Course and may also be used by WSNZ to:
  - (a) ..... facilitate the AUSTSWIM Course and other courses conducted by WSNZ
  - (b) identify other products, courses and services that may be of interest to me (including special offers or promotional material from WSNZ or AUSTSWIM OR other third parties) and inform me about them and;
  - (c) analyse statistical information about my use of WSNZ's services and the AUSTSWIM Course to improve them.I acknowledge and agree that WSNZ may disclose information that I have provided in this application or about my performance in the AUSTSWIM Course to third parties in relation to my prospective employment as a teacher of swimming and water safety. I understand that my information will be stored on the AUSTSWIM database and that I will be able to access and correct my information through WSNZ by writing to:  
Programme- Co-ordinator  
Water Safety NZ  
PO Box 10-129  
The Terrace, Wellington

**Copyright in photographs and right to use:** I acknowledge and consent to photographs being taken of me during my participation in the AUSTSWIM Course. I acknowledge that the photographs are owned by WSNZ and that WSNZ may use the photographs for promotional or other purposes without my further consent being obtained.

## APPLICATION & DECLARATION

I have read, understood, acknowledge, and agree to the declaration overleaf including the warning, exclusion of liability, release and indemnity. I acknowledge that if my application to enter the AUSTSWIM course is successful I will be entitled to participate in the AUSTSWIM course.

**Signature:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Where the applicant is under 18 years of age this form must also be signed by the applicant's parent/guardian.

**Signature:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

ENROLMENT FORMS WILL NOT BE ACCEPTED WITHOUT ATTACHED PAYMENT & SIGNED DECLARATION

Return completed forms to:

**WATER SAFETY NZ LTD**  
Level 3 Booth House, 202-206 Cuba St  
PO Box 10-126, The Terrace, Wellington

P: (04) 801 9600

F: (04) 801 9599

E: [austswim@watersafety.org.nz](mailto:austswim@watersafety.org.nz)

W: [www.watersafety.org.nz](http://www.watersafety.org.nz)

### OFFICE USE ONLY

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Paid: \_\_\_\_\_ Course Code: \_\_\_\_\_