



AUSTSWIM Candidate Enrolment Form

Return completed forms to: **AUSTSWIM QLD Business Centre**
PO Box 631 Capalaba DC QLD 4157
PH: 07 3245 35 95 FAX: 07 3390 3965

PERSONAL INFORMATION

Title: _____ First Name: _____ Surname: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: H: _____ W: _____ Fax: _____

Mobile: _____ Email: _____

Date of Birth: _____ AUSTSWIM # _____ 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 Course Provider Website Pool School/University Newspaper TV Other _____

2. The purpose of your enrolment is to:

Gain Long Term Employment Gain Short Term Employment For Flexible Working Hours 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 qualified which one of the following events organised by AUSTSWIM would you consider attending?

Elective Course Professional Development Workshop Conference Swimming Teacher Forum

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 Teacher of Swimming & Water Safety Course is a pre-requisite to the elective courses.

COURSE	COURSE CODE	LOCATION	DATE

PAYMENT DETAILS

TAX INVOICE- ABN 72 515 751 227

(On completion, this is a TAX INVOICE)

Enclosed is a cheque/money order. Please make cheques payable to AUSTSWIM Ltd (ABN 72 515 751 227)

Please charge my: VISA MasterCard

Card No: _____ / _____ / _____ Expiry Date: _____ / _____

Cardholders Name: _____ Signature: _____ Date: _____

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. **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 AUSTSWIM.
3. **This document cannot be amended.** If I do amend it my application will be null and void. It cannot be accepted by AUSTSWIM.
4. **Insurance** is in place that provides limited cover to me whilst I am participating in the AUSTSWIM Course. (For insurance details contact AUSTSWIM National). I understand that this insurance may not cover me for all injury, loss or damage sustained by me and I can, in my own interests, seek and obtain personal insurances over and above the cover provided by AUSTSWIM.
5. **This declaration** comprises a contract between me and AUSTSWIM. It is necessary and reasonable for promoting and conducting the AUSTSWIM Course.
6. **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.
7. **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 AUSTSWIM is 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. I acknowledge that the services and benefits I receive in relation to the AUSTSWIM Course are "recreational services" as defined under the Trade Practices Act 1974. Where I am a consumer, as defined by any relevant law, certain terms and rights may be implied into a contract for the supply of goods or services for my benefit. I acknowledge that these terms and rights, and any liability of AUSTSWIM flowing from them, are expressly excluded, restricted or modified by these AUSTSWIM Course terms and conditions.
8. **Release and Indemnity:** In consideration of AUSTSWIM accepting my application for entry to the AUSTSWIM Course I:
 - (a) release and forever discharge 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
 - (b) 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.
9. In this **clause 8 "Claims"** means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising but does not include a claim in respect of any action, suit, etc made by any person entitled to make a claim under a relevant AUSTSWIM insurance policy.
10. **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 AUSTSWIM in writing of any change to 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.
11. **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 AUSTSWIM for any costs or expenses incurred in providing me with medical treatment.
12. **Privacy:** I understand that the information I have provided overleaf is necessary for the conduct of the AUSTSWIM Course and for the objects of AUSTSWIM. I acknowledge and agree that the information will only be used by AUSTSWIM to facilitate the conduct of the AUSTSWIM Course and other courses conducted by AUSTSWIM, provided to third parties in relation to my prospective employment as a teacher of swimming and water safety and/or to provide me with promotional material from AUSTSWIM sponsors and third parties. I understand that I will be able to access my information through AUSTSWIM. If the information is not provided my application may be rejected. I acknowledge that if I do not wish to receive promotional material from AUSTSWIM sponsors and third parties I must advise AUSTSWIM in writing.
13. **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 AUSTSWIM and that AUSTSWIM may use the photographs for promotional or other purposes without my further consent being obtained. Further, I consent to the AUSTSWIM Course organisers using my name, image, likeness and also my performance in the AUSTSWIM Course, at any time, to promote the AUSTSWIM Course by any form of media.

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:** _____