

APPLICATION FORM
RLSS National Rescue
Award for Swimming
Teachers and Coaches



NAME

ADDRESS

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D.O.B

TEL NO (H).....**(W)**.....

(M).....

E MAIL

MEDICAL PROBLEMS.....

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ANY LIFESAVING EXP

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COURSE DATE PREFERED

.....

**I Agree to attend every session, otherwise I will not
qualify for Assessment.**

Signature **Date**

Please complete this form and return to us for a Quote. This will includes Books and Assessment Fee. Cheques payable to Angel Training.

Please email or send application form to: lifesavingangel@angeltraining.eu

Angel Training, 34 Clover Way, Hedge End, Southampton, Hampshire. SO30 4RP

Or please call 07980 432999.