

**LIFEGUARD ASSESSMENT APPLICATION/
 REGISTRATION FORM**

LIFEGUARD ASSESSMENT APPLICATION/ REGISTRATION FORM

REGISTRATION NO: _____ (TO BE ASSIGNED)

Affix
 photograph

- POOL LIFEGUARD
 BEACH LIFEGUARD
 LIFEGUARD TRAINER

- SHALLOW WATER LIFEGUARD
 WATER PARK LIFEGUARD
 LIFEGUARD SUPERVISOR

1	Name as in Passport:		
2	Date of Application:		
3	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	6	Contact Details:
4	Date of Birth:	Mobile: _____ Landline: _____ Email: _____ Primary Emergency Contact Person: 1 _____ 2 _____	
5	Organization/Centre:		
Declaration of physical fitness: (Tick <input checked="" type="checkbox"/> or <input checkbox"="" checked="" type="checkbox/>)
 <input type="/> I am a strong swimmer <input type="checkbox"/> I have undertaken appropriate training both Practical/Theoretical to be able to take the lifeguard assessment <input type="checkbox"/> I am physically and mentally fit for the Assessment <input type="checkbox"/> I have no communicable disease <input type="checkbox"/> I am not an Asthma Patient <input type="checkbox"/> I do not suffer from Heart conditions <input type="checkbox"/> I do not suffer from any allergies <input type="checkbox"/> I agree to FIRST AID treatment during an emergency by any locally certified First Aider and DCAS. 		Important Personal Undertaking (Tick <input checked="" type="checkbox"/> or <input checkbox"="" checked="" type="checkbox/>)
 I am aware that:
 <input type="/> I can ask for an Interpreter if required <input type="checkbox"/> I should behave appropriately as instructed <input type="checkbox"/> I should dress appropriately as instructed <input type="checkbox"/> I can be disqualified for any act of indiscipline <input type="checkbox"/> I must follow the emergency procedures as informed by the Examiner/ Assessor /Invigilator <input type="checkbox"/> I can appeal or complaint should I not be satisfied with the assessment/ outcome/ certification <input type="checkbox"/> I should read and follow the Lifeguard Code of Ethics and Substance Abuse Policy of Dubai Municipality provided to me during registration 	
Declaration of Compliance (Tick <input checked="" type="checkbox"/> or <input checkbox"="" checked="" type="checkbox/>)
 <input type="/> The documents and information provided by me are true and to the best of my knowledge. <input type="checkbox"/> I have reviewed and fully understand the certification requirements and the Assessment criteria and agree to comply. 			
Candidate Signature & Date: _____			
Authorized Admin. Signature: _____ Date: _____		Verified by: CDM Signature: _____ Date: _____	