

**FIRST SECURITY GROUP
 CERTIFICATION DEPARTMENT**

Doc. No.:
 FSG.CERT.15.07.01

**LIFEGUARD ASSESSMENT APPLICATION/
 REGISTRATION FORM**

Rev.: 1

Date:07.03.24

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: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y		Mobile: _____ Landline: _____ Email: _____ Primary Emergency Contact Person: 1 _____ 2 _____
d	d	m	m	y	y				
5	Organization/Centre: _____								
Declaration of physical fitness: (Tick <input checked="" type="checkbox"/> or <input 2"="" checked="" type="checkbox/>)</td> <td colspan="/>Important Personal Undertaking (Tick <input checked="" type="checkbox"/> or <input 2"="" checked="" type="checkbox/>)</td> </tr> <tr> <td colspan="/> <input type="checkbox"/> 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. </input></input>		I am aware that: <input type="checkbox"/> 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 4"="" checked="" type="checkbox/>)</td> </tr> <tr> <td colspan="/> <input type="checkbox"/> <i>The documents and information provided by me are true and to the best of my knowledge.</i> <input type="checkbox"/> <i>I have reviewed and fully understand the certification requirements and the Assessment criteria and agree to comply.</i> 									
Candidate Signature & Date: _____									
Authorized Admin. Signature: _____		Verified by: CDM Signature: _____							
Date: _____		Date: _____							