

**LIFEGUARD INSTRUCTOR/TRAINER
ASSESSMENT APPLICATION & REGISTRATION FORM**

REGISTRATION NO: _____

Affix
photograph

THIS FORM IS TO BE FILLED BY THE CANDIDATE

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 classroom and practical to be able to take this 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 		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: _____		