



FIRST SECURITY GROUP
CERTIFICATION DEPARTMENT

LIFEGUARD INSTRUCTOR APPLICATION & REGISTRATION FORM

Doc. No.: FSG.CERT.15.16.03



LIFEGUARD INSTRUCTOR/TRAINER ASSESSMENT APPLICATION & REGISTRATION FORM
REGISTRATION NO: _____

Affix photograph

THIS FORM IS TO BE FILLED BY THE CANDIDATE

Form fields for personal details: 1 Name as in Passport, 2 Date of Application, 3 Gender (Male/Female), 4 Date of Birth, 5 Organization/Centre, 6 Contact Details (Mobile, Landline, Email, Primary Emergency Contact Person).

Declaration of physical fitness (Tick [X] or [X]) and Important Personal Undertaking (Tick [X] or [X]). Includes checkboxes for swimming, training, fitness, disease, asthma, heart conditions, allergies, and awareness of rules and ethics.

Declaration of Compliance (Tick [X] or [X]). Includes checkboxes for document truthfulness and understanding of requirements.

Candidate Signature & Date: _____

Authorized Admin. Signature: _____ Date: _____
Verified by: CDM Signature: _____ Date: _____