

## FIRST SECURITY GROUP CERTIFICATION DEPARTMENT

## Doc. No.: FSG.CERT.15.16.03

## $\frac{\textbf{LIFEGUARD INSTRUCTOR APPLICATION \& REGISTRATION}}{\textbf{FORM}}$

مردار اشاره تابید البطالیة DUMA ACCESIOTATION CENTE CB-059-PRS

ASSESSMENT APPLICATION & REGISTRATION FORM						
REGISTRATION NO:					Affix	
					photograph	
THIS FORM IS TO BE FILLED BY THE CANDIDATE						
1	Name as in Passport:					
2	•					
3	Date of Application:	□ <b>-</b>	6	Control Bright		
4	Gender: Male	Female	- 6	Contact Details:		
	Date of Birth:	d d m m y y		Mobile:		
5	Organization/Centre:		-	Email: Primary Emergency Contact Person:  1 2		
De	Declaration of physical fitness: (Tick ☑ or ☒)			Important Personal Undertaking (Tick ☑ or ☒)		
I am a strong swimmer  I have undertaken appropriate training both classroom and practical to be able to take this assessment  I am physically and mentally fit for the Assessment  I have no communicable disease  I am not an Asthma Patient  I do not suffer from Heart conditions  I do not suffer from any allergies  Declaration of Compliance (Tick ☑ or ☑ )				I am aware that:  I can ask for an Interpreter if required  I should behave appropriately as instructed  I should dress appropriately as instructed  I can be disqualified for any act of indiscipline  I must follow the emergency procedures as informed by the Examiner/ Assessor /Invigilator  I can appeal or complaint should I not be satisfied with the assessment/ outcome/ certification  I should read and follow the Lifeguard Code of Ethics and Substance Abuse Policy of Dubai Municipality provided to me during registration		
☐ The documents and information provided by me are true and to the best of my knowledge.						
<ul> <li>□ I have reviewed and fully understand the certification requirements and the Assessment criteria and agree to comply.</li> <li>Candidate Signature &amp; Date:</li> </ul>						
	Authorized Admin. Signature: Date:			Verified by: CDM Signature: Date:		