



**FIRST SECURITY GROUP
CERTIFICATION DEPARTMENT**

LIFEGUARD APPLICATION & REGISTRATION FORM

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15.01.17



CB-059-PRS

LIFEGUARD ASSESSMENT APPLICATION & REGISTRATION FORM

REGISTRATION NO: _____

Affix
photograph

- | | |
|--|--|
| <input type="checkbox"/> POOL LIFEGUARD | <input type="checkbox"/> SHALLOW WATER LIFEGUARD |
| <input type="checkbox"/> BEACH LIFEGUARD | <input type="checkbox"/> WATER PARK LIFEGUARD |
| <input type="checkbox"/> LIFEGUARD TRAINER | <input type="checkbox"/> 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; text-align: center; width: 100px; height: 20px;"><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 checkbox"="" checked="" type="checkbox/>)</td> </tr> <tr> <td> <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 2"="" 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: _____ Date: _____	Verified by: CDM Signature: _____ Date: _____						