CARDIFF WHALES

SWIMMING CLUB FOR PEOPLE WITH DISABILITIES.

MEMBERSHIP REGISTRATION FOR HELPERS.

SURNAME: CHRISTIAN NAME(S):

ADDRESS:

TEL NO: DATE OF BIRTH:

MOBILE NO:

E-MAIL:

Swimming Experience: .............................................................................................

Do you have any previous experience in assisting disabled person? Yes/No.

Are you doing this voluntary work to help with D of E or ... ? Yes/No.

Do you suffer from any illness or take any medication? If so please give details or state ‘None’ ................................................................................................................................................................................................................................................................

I am prepared to take instruction from the Chief Instructor or Assistants in the use of the Halliwick Association of Swimming Therapy’s techniques.

An enhanced disclosure from Criminal Records Bureau will be required.

Please supply the name, address and telephone number of two people who have known you for at least two years, who are not related to you and are willing to

provide a reference.

1. ........................................ 2. ...........................................

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Signed: Signature of Parent/Guardian

 (for those under 18years)

Date:............................................

Fee paid: ..............