



# AQUALIFICATION & FITNESS TEACHER OF SWIMMING AND WATER SAFETY



## PROFESSIONAL DEVELOPMENT

**11<sup>TH</sup> MARCH & 15<sup>TH</sup> JULY 2018 • SHUT THE GATE LEARN TO SWIM**

### PROFESSIONAL DEVELOPMENT

Improve your knowledge and understanding as a teacher of swimming and water safety by attending one or both of our professional development sessions. AUSTSWIM Professional Development points available for attendees.

#### **SESSION 1 - 11<sup>th</sup> March 2018**

Principles of Movement in Water  
Learning Pillars

#### **SESSION 2 - 15<sup>th</sup> July 2018**

Behaviour Management

- Separation Anxiety
- Crying
- Defiance

For more information, please Email [admin@aqualification.com.au](mailto:admin@aqualification.com.au)

### COST

\$55 per session

### WHEN & WHERE

9am to 12pm

**11<sup>th</sup> March (Session 1) and 15<sup>th</sup> July (Session 2)**

Shut the Gate Learn to Swim  
350 Berserker St, Frenchville

### WHAT TO BRING

Pen and paper. Bring your workmates and head out for lunch to continue the conversation!

### REGISTER TODAY!

Please complete and return the registration form (see over page) for **Session 1** by **4<sup>th</sup> March** and **Session 2** by **8<sup>th</sup> July 2018**.

**REGISTER  
TODAY!**





## REGISTRATION FORM

# TEACHER OF SWIMMING AND WATER SAFETY PROFESSIONAL DEVELOPMENT



### REGISTRATION DETAILS:

Preferred program date: 11<sup>th</sup> March 2018

15<sup>th</sup> July 2018

Full Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ P/code: \_\_\_\_\_

Phone Number (H): \_\_\_\_\_ Email Address: \_\_\_\_\_

Gender: Male Female

### EMERGENCY CONTACT DETAILS:

Name: \_\_\_\_\_ Mobile: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**REGISTRATION FEE:** The cost of this program is **\$55 inc GST** per session. Payment must be made in full prior to commencement via cash or bank transfer (EFT details below).

**Account Name:** Aqualification & Fitness **BSB No:** 034 636 **Acc No:** 295 567 **Reference:** TSW (your name).

### AQUALIFICATION & FITNESS PTY LTD: PROFESSIONAL DEVELOPMENT

*I, the undersigned acknowledge that:*

1. Aqualification & Fitness Pty Ltd will not be liable in any way for unforeseen circumstances and for any circumstances of which I should have been aware, but failed to notify them.
2. I give permission to staff to contact any of the phone numbers set above if the need may arise.
3. I give permission for First Aid to be administered to me if necessary.
4. I give permission for my name to be used in the newsletter acknowledging my participation in this program.
5. I have read and understood the Code of Conduct and realise that by participating in ANY aquatic sessions offered by Aqualification & Fitness Pty Ltd., I agree to abide by the Code of Conduct.
6. I hereby undertake to make all full and final payment prior to the commencement of the session.
7. I authorise Aqualification & Fitness Pty Ltd, and any person authorised by them, to make, video/record, duplicate, and copyright as it's own property: photographic pictures, production stills, videotapes (with and without sound), voice recordings of myself and my property and to use, publish and broadcast them, in any medium for advertising, promotion or trade, in any altered composite or other form in colour or otherwise. Yes No
8. I have read the above statement and agree to be bound by it and to release the organisation of any claims.

Full Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

