

# Swimming Pool Technical Operator

## Registration form



Candidate Details			
Title:		Name:	
Address:			
Post Code:		Date of Birth:	
Telephone:		Email:	
Emergency Contact Details			
Name:		Telephone:	

Specialist Learning Requirements	Yes	No
Do you have any specialist learning requirements?		
Are you pregnant? (Please note this course will involve going into a plant room environment )		
<b>If you have answered yes to either of the above, please provide further details below on how we can assist with your learning:</b>		

Declaration			
I declare that all of the information I have provided on this enrolment form is true and accurate. I understand that if I have failed to declare any specialist learning requirements at this stage, this may impact my ability to successfully pass the assessment and gain the qualification.			
Learner Signature:		Date:	
Parent/Guardian Signature (if under 18):		Date:	

Additional Information