



Application for LIWA Aquatics Re-Accreditation

Name:	
Address:	
	Postcode:
Phone:	Fax:
E-mail: Print Clearly	
Current Occupation:	
Name of Employer:	

Check List

Copy of current Senior First Aid Certificate, or equivalent attached.	<input type="checkbox"/>
Copy of current Pool Lifeguard Award, or equivalent attached.	<input type="checkbox"/>
Don't have a copy of your Awards? I agree for RLSSA to provide details regarding the currency of my Awards to LIWA Aquatics	<input type="checkbox"/>

Relevant Professional Development Attended in the past 3 years (minimum 2)

Professional Development Attended (please attach evidence)	Date

Please Note: LIWA Aquatics has details of your conference/seminar attendance on file

Please tick:

- I am a current member (no processing fee) and I agree to maintain my membership for the three year period of this accreditation
- \$120 My membership is due to expire and I would like to re-new now and I agree to maintain my membership for the three year period of this accreditation
- \$360 for three years accreditation

The above information is true and correct.

Signature of Candidate: _____ Date: _____

All information provided to be handled in accordance with LIWA Privacy Policy. For details see visit www.liwaaquatics.org.au

Send all required evidence and payment to:

LIWA Accreditation, PO Box 726, Hillarys WA 6923

or email to info@liwaaquatics.org.au

August 2015

Office Use Only

Accreditation Number, _____ Date of Issue _____ Web Update _____ Journal Details _____



Payment Options:

CHEQUE	Post cheque with completed Forms to: LIWA Aquatics, PO Box 726, Hillarys WA 6923
PURCHASE ORDER	<u>Important!</u> Include an Official PURCHASE ORDER NUMBER Purchase Order: _____ Post purchase order with completed Forms to: LIWA Aquatics PO Box 726, Hillarys WA 6923
ELECTRONIC FUNDS TRANSFER (EFT)	Account Name: The Leisure Institute of WA (Aquatics) Branch: Whitfords Branch WA BSB: 086 495 Account Number: 03588 2867