Workplace training Term 2 application

Workplace training is available to people who want to work in the Department of Education swimming programs. Applications close 2 weeks before the start date of your preferred course.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personal details | | | | | | | | | | | | | | | | | | | | |
| Name | | |  | | | | | | | | | | | | | | | | | |
| Date of birth | | |  | | | | | | | | | | | | **Age** | | | |  | |
| Address | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | **Phone** | |  | | | | | | |
| Email | | |  | | | | | | | | | | | | | | | | | |
| Medical conditions | | | | |  | | | | | | | | | | | | | | | |
| Emergency contact name | | | | |  | | | | | | | | | | | | | | | |
| Emergency contact number | | | | |  | | | | | **Relationship to you** | | | | | | |  | | | |
| Trainees are not insured through the Department of Education.Contact your course provider for insurance information. | | | | | | | | | | | | | | | | | | | | |
| Workplace training options (Select 2 preferences, number these with 1 and 2) | | | | | | | | | | | | | | | | | | | | |
| Dates | | | | **School week** | | | **Venue** | | | | | | | | | | | | | **Preference** |
| 4 Jun to 14 Jun 2024 | | | | 8 to 9 | | | Swan Active Midland | | | | | | | | | | | | |  |
| 17 Jun to 28 Jun 2024 | | | | 10 to 11 | | | Bayswater Waves | | | | | | | | | | | | |  |
| If you live more than 25 kms from the above venues, indicate your preferred venues below. | | | | | | | | | | | | | | | | | | | | |
| 1 |  | | | | | | | **2** |  | | | | | | | | | | | |
| Course provider | | | | |  | AUSTSWIM | | | | |  | | RLSSWA | | |  | | SWIM | | |
| I have attached copies of the following documentation: | | | | | | | | | | | | | | | | | | | | |
|  | | Current CPR qualification | | | | | | | | | | | | | | | | | | |
|  | | Screenshot of course registration | | | | | | | | | | | | | | | | | | |
|  | | Department of Education Nationally Coordinated Criminal History Check (if you are 18 years  or older) | | | | | | | | | | | | | | | | | | |
|  | | Working with children card or receipt of application (if you are 18 years or older) | | | | | | | | | | | | | | | | | | |
| Email <interm-metro@education.wa.edu.au> with all your documentation. Without it, we cannot process your application. | | | | | | | | | | | | | | | | | | | | |