Workplace training Term 4

Workplace training is available to individuals who want to work in the Department of Education swimming programs. Applications close two weeks prior to preferred start date.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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** | | | | | | | | | | **Selection** |
| 21 Oct to 1 Nov 2024 | | | | 3 to 4 | | | Mandurah Aquatic Centre | | | | | | | | | |  |
| 4 Nov to 15 Nov 2024 | | | | 5 to 6 | | | Bayswater Waves | | | | | | | | | |  |
| 4 Nov to 15 Nov 2024 | | | | 5 to 6 | | | Rockingham Aqua Jetty | | | | | | | | | |  |
| 18 Nov to 29 Nov 2024 | | | | 7 to 8 | | | Bayswater Waves | | | | | | | | | |  |
| 18 Nov to 29 Nov 2024 | | | | 7 to 8 | | | Riverton Leisureplex | | | | | | | | | |  |
| 2 Dec to 11 Dec 2024 | | | | 9 to 10 | | | Cannington | | | | | | | | | |  |
| 2 Dec to 11 Dec 2024 | | | | 9 to 10 | | | Craigie Leisure Centre | | | | | | | | | |  |
| 2 Dec to 11 Dec 2024 | | | | 9 to 10 | | | Rockingham Aqua Jetty | | | | | | | | | |  |
| 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 | | | | | | | | | | | | | | | |
|  | | Online theory completion from my course | | | | | | | | | | | | | | | |
|  | | 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) | | | | | | | | | | | | | | | |
| All documentation must be provided to process application.  Send all documentation to: [Interm-metro@education.wa.edu.au](mailto:Interm-metro@education.wa.edu.au?subject=Industry%20training%20application) | | | | | | | | | | | | | | | | | |